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ABSTRACT

The P.E.P. Report 1969-1973 focuses on the various findings and activities of the Program Evaluation Project. Followup is an integral part of a goal oriented evaluation, providing the opportunity for the collection of various forms of outcome data as well as consumer satisfaction information. This chapter discusses the history and implementation of the followup program for the Program Evaluation Project, including the development of a questionnaire, training of the interviewers, locating and contacting participants, and costs. The second section discusses the various studies in which the followup unit was involved, including the original reliability study in which clients were followed up by two different interviewers at two distinct points in time, the interdisciplinary reliability study which discusses the comparison of R.N. and M.S.W. interviewers and phone versus in-person interviews, the followup program for the Crisis Intervention Center, and the followup of clients terminated from the Hennepin County Mental Service prior to involvement in treatment. (Author/RC)

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CHAPTER TWO

ACTIVITIES OF THE

FOLLOW-UP UNIT

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

P.E.P. REPORT 1969-1973

TM005 496

A REPORT ON FOUR YEARS OF STAFF EFFORT AT THE PROGRAM EVALUATION PROJECT.

CHAPTER TWO

Program Evaluation Project Report, 1969-1973

ACTIVITIES OF THE FOLLOW-UP UNIT

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TABLE OF CONTENTS

	PAGE NUMBER
General Introduction to the P.E.P. Report 1969-1973	1
Synopsis	2
I. History, Planning, and Implementation of the Follow-Up Unit	3
A. Objectives of the Follow-Up Unit	3
B. Planning and Experimental Follow-Ups	3
C. The Interview Schedule	3
D. The Follow-Up Interviewers	5
E. Implementation of Follow-Up	7
F. Post-Interview Procedures	9
G. Estimates of Time and Cost Expenditures for the Follow-Up Unit	10
H. Recommendations	12
II. Special Studies Undertaken by the Follow-Up Unit	13
A. The Original Reliability Study	13
B. Interdisciplinary Reliability Study Using Phone and In-Person Interviewers	15
C. Follow-Up Study: Hennepin County Crisis Intervention Center, Comparing Professional and Non-Professional Interviewers	20
D. Follow-Up of Clients Terminated Before Receiving Treatment from the Mental Health Service	20
III. Conclusion	22
Appendix	23
Program Evaluation Project Staff Listing	46

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GENERAL INTRODUCTION TO THE P.E.P. REPORT 1969-1973

The P.E.P. Report 1969-1973 focuses on the various findings and activities of the Program Evaluation Project. It is being published in pamphlet form with one pamphlet for each chapter.

As of January, 1974, the Program Evaluation Project, whose title was changed to the Program Evaluation Resource Center as of June, 1974, is funded by a three year collaborative grant with the Mental Health Services Division of the National Institute of Mental Health. The purpose of the grant is to emphasize the coordination and dissemination of information on a variety of program evaluation methodologies, especially Goal Attainment Scaling.

Further information on the Goal Attainment Scaling methodology and program evaluation is available in other written and recorded materials from the Program Evaluation Resource Center office. At this time various other chapters of the P.E.P. Report 1969-1973 are available, including Chapter One, "Basic Goal Attainment Scaling Procedures", Chapter Three, "An Introduction to Reliability and the Goal Attainment Scaling Methodology", Chapter Four, "An Examination of the Reliability of the Kiresuk-Sherman Goal Attainment Score by Means of Components of Variance", Chapter Five, "A Construct Validity Overview of Goal Attainment Scaling" and Chapter Nine, "Evaluation of the Adult Outpatient Program, Hennepin County Mental Health Service". Additional chapters will be released this year as they are completed.

SYNOPSIS FOR CHAPTER TWO

THE FOLLOW-UP UNIT

PURPOSE: Follow-up is an integral part of a goal oriented evaluation, providing the opportunity for the collection of various forms of outcome data as well as consumer satisfaction information. This chapter discusses the history and implementation of the follow-up program for the Program Evaluation Project, including the development of a questionnaire, training of the interviewers, locating and contacting participants, and costs. The second section discusses the various studies in which the follow-up unit was involved, including the original reliability study in which clients were followed up by two different interviewers at two distinct points in time, the interdisciplinary reliability study which discusses the comparison of R.N. and M.S.W. interviewers and phone versus in-person interviews, the follow-up program for the Crisis Intervention Center, and the follow-up of clients terminated from the Hennepin County Mental Health Service prior to involvement in treatment.

SUMMARY: The follow-up questionnaire which was used consistently included both consumer satisfaction questions and questions relating to clients' level of attainment as reflected by the Goal Attainment Follow-up Guide. Three revisions of the questionnaire have been produced. The follow-up interviewers were included in the discussion of questionnaire revisions, since their experience conducting interviews was considered to be important in improving the format of the follow-up questionnaire.

The original team of interviewers hired for the follow-up program were Master's level social workers. After completing more than a year of follow-up interviews, experimentation with interviewers of different educational and professional backgrounds was undertaken. The follow-up unit employed B.A. level interviewers, undergraduate university students majoring in the social sciences, registered nurses and teacher's aides from the Minneapolis school system. Of these, only the teacher's aides were not successful interviewers, and all were salaried at a rate less than the Master's level social workers.

During the four years of the Program Evaluation Project, 1128 follow-up interviewers were completed at a total cost of $15,791.98. The average cost per interview, for interviewer's salaries was $13.99, and the mean number of interviews completed per year was 282. Included in these costs are not only payment to interviewers for actual completion of the 1128 interviews, but also costs resulting from training and administrative meetings with the follow-up interviewing staff as well.

The interdisciplinary study compared in-person and phone interviews to determine if telephone interviews, which were less expensive to complete, would result in significantly different Goal Attainment scores. The mean Goal Attainemnt score for the 52 interviews conducted in-person was 50.22 and the mean Goal Attainment score for the 68 interviews conducted by telephone was 52.90. No differences in the mean Goal Attainemnt scores reached the $\rho > .05$ level of statistical significance. Each of the clients participated in two interviews conducted by a random combination of either R.N. or M.S.W. interviewers. In comparisons of interviews conducted by the nurses and those conducted by the social workers, no level of significance equal to or greater than $\rho > .05$ was determined in terms of the mean Goal Attainment score.

The original reliability study was designed to compare the reliability of the Goal Attainment scores when two professionals independently prepared follow-up guides for the same client, and also the reliability of two follow-up interviewers conducting independent interviews with the client. Two follow-up guides were constructed for each of the 44 clients involved in the study, one by the intake interviewer after two intake interviews, and the second by the therapist after completion of two therapy sessions. At the time of follow-up, the scales from both follow-up guides were randomly mixed to form one guide, and the clients were each interviewed by two different follow-up interviewers at two different sessions. The follow-up guides were separated after the follow-up interviews for the purposes of the analysis. The mean Goal Attainment scores for the first follow-up of the intake interviewer-constructed follow-up guide was 48.62, with a standard deviation of 9.18 and for the therapist follow-up guide, 51.45, with a standard deviation of 9.84. The mean Goal Attainment scores derived from the second follow-up interview were 49.83 for the intake interviewers' follow-up guides, and 53.57 for the therapist follow-up guides. An analysis of variance was employed to determine that 18% of the Goal Attainment score variance was due to follow-up interviewer errors in scoring or observation, 17% due to the choice of follow-up guide material, 15% due to short-term client changes or follow-up bias fluctuations, and 50% due to short-term client long-term deviation from expectation.

Other studies in which the follow-up unit was involved are also discussed.

I. History, Planning and Implementation of the Follow-Up Unit

A. Objectives of the Follow-Up Unit

As stated in the original grant application for the Program Evaluation Project, the purpose of follow-up for clients who received treatment from the Hennepin County Mental Health Service during the course of program evaluation there was "to establish continuous feedback on treatment efforts of the Mental Health Center." Specifically, its purpose was "to report on progress made with regard to those goals selected during the intake for each client and to report any new problems requiring attention that may have developed during...the period following treatment assignment." The authors of the Grant Proposal expected that the follow-up unit would provide the information base for the evaluation study and also benefit individuals within the community who needed help.

The original research design included therapy mode outcome comparison among Individual, Group, Chemotherapy, and Day Treatment. Follow-up emphasis was placed primarily on clients who were assigned these treatment modes randomly, and only secondarily on as many clients assigned non-randomly to therapy as was monetarily possible. (See chapter on procedures of the four mode study in the P.E.P. Report, 1969-1973.)

From the outset of the project, follow-up plans also included studies to determine: 1) the reliability of the Goal Attainment score when the client was followed up by two different interviewers, and 2) the reliability of the guide construction when the goals were established for the same client by two different guide constructors. (See Section IIA of this report.)

B. Planning and Experimental Follow-Ups

Follow-up unit staff began planning operations in January, 1970. Formal data collection began at the Mental Health Service on February 2, 1970. The first year follow-ups were scheduled for June of that year.

The principal investigator of the project invited the chief psychiatric social worker from the Mental Health Service to coordinate the follow-up unit. They decided to employ as follow-up interviewers master's level social workers who would work on a moonlighting basis. The follow-up coordinator took responsibility for hiring, training, and supervising the original interviewing staff. The coordinator was also instrumental in the preparation of a uniform interview schedule.

To determine what would be the most useful procedures for scoring the follow-up guides, research staff assembled an experimental follow-up interview questionnaire and scheduled experimental follow-ups for June of 1970 with clients either who were counseled out of therapy after their intake interviews or who were assigned to treatment but never returned after assignment. These clients, because they received no "therapy" as such from the Mental Health Service, were considered ineligible for inclusion in the four mode study. It was assumed, however, that these clients had sufficient contact with the Service to provide the information necessary for pre-testing the follow-up interview questionnaire.

Fifteen clients were selected for participation in the experimental follow-up, and of these, 11 were interviewed. The interviewers were Program Evaluation Project staff and Mental Health Service staff who were interested in planning for follow-up.

Based on the experimental follow-ups, the participating interviewers revised those parts of the questionnaire related to consumer satisfaction and prepared instructions and clarifications of each question for the follow-up interviewers. (See Appendix, page 24.)

C. The Interview Schedule

The interview schedule contained two sections. The first section of the interview schedule, by which the follow-up interviewer determined the client's level of satisfaction with services from the Mental Health Service, was originally designed as an introduction and a "get acquainted time" for the interviewer and the client. However, once the research staff began looking at the consumer satisfaction data collection, they decided that useful comparisons could be derived from this information. The consumer satisfaction questions that were deemed most relevant for general attitudinal comparisons among all clients followed up were questions 4 through 8, 9, 11, and 11a. (See Appendix, pages 27-29 and 34.) These are the responses that were consistently coded for data analysis from all interviews completed.

The second half of the questionnaire, by which the follow-up interviewer scored each scale of the Goal Attainment Follow-up Guide at the appropriate level, focused on problems that brought the client to the Mental Health Service, and how he/she felt about those problems at the time of the follow-up interview. Because clients did not know a Goal Attainment Follow-up Guide had been constructed for them (however, clients did sign a consent form giving permission for the research and follow-up activities in general), the interviewers were asked to elicit the information necessary to score the follow-up guide without revealing the nature of the follow-up guide to the client. The semi-structured questionnaire seemed appropriate to this purpose and to establishing a degree of conformity and control over all interviews completed.

The interview schedule, developed in June, 1970 after the experimental follow-ups, was revised in November, 1970, after the first six months of follow-up. (See Appendix, page 26.) This second revision provided more space for listing responses to "consumer satisfaction" questions and requested that interviewers note in greater detail comments made by the client during the interview. The fol-

low-up interviewers themselves asked that the layout of the schedule be modified, as some questions could not be answered with a "yes" or "no" response.

The November, 1970 revision of the interview format (see Appendix, page 32) was used until August, 1971, when a new revision was effected. In early 1972, page 6a (see Appendix, page 38) was added to the last revision to provide more specific information about ways in which the client felt the Service could improve its functioning. At the same time the last page of this packet (see Appendix, page 38) was added as a formal way to inform appropriate Mental Health Service staff of problem situations manifested during the follow-up interview that the interviewer felt warranted further interaction between the client and his therapist.

Included in the interview packet after September, 1972, was the Goal Attainment Follow-up Guide Critique Form (See Figure I). On this critique form a therapist evaluated the "realism," "relevancy" and completeness of the Goal Attainment Follow-up Guide constructed for his or her client (usually by another clinician, the intake interviewer). At follow-up, the follow-up interviewers were also asked to assess the follow-up guides.

Both therapist and follow-up interviewer had the option of indicating what, if any, new problem areas they would have added to the follow-up guide. The recommendations about the problems to be added depended on the perspective of the person involved. The therapist would base judgments on new problem areas on their interaction with the client during treatment, while the follow-up interviewer would base his on the follow-up interview

The follow-up guide critique forms were filled out by the therapist approximately one month after the client was assigned to treatment and by the follow-up interviewer after the follow-up interview. Data is available from both the therapist and the follow-up interviewer on the same clients for only a small sample (N=26). However, data was collected on 95 follow-up guides critiqued by the therapists from May, 1972 through December, 1972. Another 105 critique forms were completed by the follow-up interviewers after the follow-up interview, with a total of 338 scales assessed.

The comparative analysis of these two groups shows very little agreement overall, between the therapist and follow-up interviewer assessments. The therapists left more questions unanswered than did the follow-up interviewers, which may account for a good deal of the discrepancy.

Contained in the 95 follow-up guides assessed by the therapists were 334 scales. Of these, 272 (81.44%) were deemed relevant in the therapists' opinions, 178 (53.29%) were deemed realistic, and for 48 of the 95 follow-up guides, (50.53%), additional scale headings were suggested.

The follow-up interviewers assessed 105 follow-up guides at the time of the follow-up interview, with a total of 338 scales. Of these, 315 (93.20%) were deemed relevant, 232 (68.64%) were seen as realistic, and for 42 of the 105 follow-up guides (40%), additional scale headings were suggested.

Of the 26 clients for which the follow-up guide critique form was completed by both the therapist and the follow-up interviewer, 21 follow-up guides were scored by both assessors. The five follow-up

FIGURE I: Goal Attainment Follow-up Guide Critique Form

Patient Name:_____ Negot._____

Follow-up Interviewer:_____ Guide No._____

		Scale 1	Scale 2	Scale 3	Scale 4	Scale 5
1)	Are the scales relevant?	Yes No	Yes No	Yes No	Yes No	Yes No
2)	Are the scale levels realistic? (Circle One)	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic

3) Would you have added any scales to this guide? Yes No

4) If you answered "yes" to question 3, please indicate what additional scale headings or content areas of existing scales you could have added.

guides that were not scored were left blank by the therapist but were scored by the follow-up interviewer. The mean Goal Attainment score (excluding the five clients' follow-up guides not scored by the therapists) for the follow-up guides scored by the follow-up interviewers is 55.58, and the mean Goal Attainment score for those follow-up guides scored by the therapists is 57.61. The correlation of the Goal Attainment scores from therapists and from follow-up interviewers for the 21 follow-up guides is .57, as computed by the Pearson Product Moment method.

Table 1 reports the consistency of responses from the therapist critique forms and those completed by the follow-up interviewers for the 96 scales which both assessed. In summary, the critique forms completed by both the therapists and follow-up interviewers showed that in 80% or more, the scales were relevant, 53% or more were deemed realistic, and for 45% of the guides, additional scale headings were suggested at the time the Guide Critique form was completed.

TABLE I: Comparison of Threapist and Follow-up Interviewer Ratings on the Goal Attainment Follow-up Critique Form

N = 96

		THERAPIST			
		Optimistic	Right On	Pessimistic	No answer
INTERVIEWER	Optimistic	2	1	0	1
	Right On	13	40	9	19
	Pessimistic	1	4	0	1
	No Answer	3	0	1	1

D. The Follow-Up Interviewers

The follow-up interviewer was the key source of data collection for the research project. As stated, the original team of follow-up interviewers were all M.S.W. social workers who were not employed by the Hennepin County General Hospital or, until that time, by the Program Evaluation Project. They were selected on the basis of their reputations as experienced and knowledgeable interviewers. It was assumed that having interviewers who were not affiliated with the Mental Health Service 1) would encourage less bias in the scoring of the Goal Attainment Follow-up Guides, and 2) would allow the interviewer to tell the client that he wasn't part of the Mental Health Service staff and had no vested interest in the results of the follow-up interview, thus encouraging clients to be freer in their discussion of satisfaction/dissatisfaction with mental health services.

Seven M.S.W.'s were hired as interviewers; one resigned due to other commitments prior to completing any follow-up interviews. Five of the remaining six interviewers were regularly employed by Hennepin County Court Services, Catholic Welfare, Family and Children's Service, and the Minneapolis School Board. The other interviewer was not employed in the community at the time.

All interviews were scheduled by the Program Evaluation Project staff and it was assumed that the average interview would not take longer than an hour to complete. Payment for completed interviews was established at $15. For those interviews scheduled, but which the client failed to attend, the interviewers originally were paid $5; after three months of experience, however, the payment for "failed" interviews was increased to $7.50 to cover the interviewer's time preparing for and traveling to an interview.

1. Orientation of the Interviewing Staff

Near the end of June, 1970, the first meeting was held with the six follow-up interviewers to relate the results of the experimental follow-up and to familiarize the interviewers with the Program Evaluation Project objectives. The interview schedule was reviewed carefully and explained in detail to the interviewers. The issue of confidentiality was stressed. The interviewers were reminded that the objective of a follow-up interview was to score the appropriate level for each problem area mentioned on the follow-up guide. The follow-up interviewers were to remain unaware of a client's therapist and therapy mode unless the client revealed that information during the course of the interview. However, interviewers were told that the follow-up coordinator would later help them with any problems or questions they might have with scoring a follow-up guide.

At the suggestion of follow-up interviewers, the contents of the follow-up guides were reviewed prior to an interview to avoid placing the female interviewers in a potentially dangerous situation. It was decided that if the client's Goal Attainment Follow-up Guide indicated problems such as rape, exhibitionism, violence, etc., every attempt would be made to assign the client to a male interviewer.

2. Follow-Up Interviewers Other than M.S.W.'s

By January, 1971, the number of clients eligible for follow-up had increased significantly, and a B.A. social worker was then added to the interviewing staff. This interviewer was not employed outside her home, and was available for daytime interviews, thus filling a need which had become apparent to the research staff.

Beginning in midsummer of 1971, Project staff sought to employ interviewers of various educational and professional backgrounds to determine what kinds of persons besides M.S.W.'s could be used as interviewers. These interviewers were to be employed at lower fees than the M.S.W.'s, but would still have to be effective interviewers and able to complete the scoring of the Goal Attainment Follow-up Guide. As one method of hiring interviewers, the follow-up supervisor obtained a list of recently graduated bachelor-degreed nurses from the University of Minnesota and contacted them, explaining the follow-up study and inquiring as to

their willingness to participate as follow-up interviewers. An orientation session was held with the nurses to familiarize them with Goal Attainment Scaling and the interview schedule. At least one of the experienced M.S.W. follow-up interviewers attended orientation sessions for the new follow-up interviewers whenever they were held. The nurses had, because of their professional training, some experience as interviewers. Payment was established at $5 per completed interview for the first ten completed, and $7.50 per completed interview after the initial ten. The five nurses hired were used in an interdisciplinary follow-up study in which each client was interviewed twice, each time by a randomly assigned R.N. or M.S.W.; these interviews were conducted (again, by random assignment) either in person or by phone. Results of this study are discussed in Section II of this chapter.

Another group of interviewers hired to participate in the same discipline comparison study were paraprofessional teacher's aides employed by the Minneapolis School System. The follow-up supervisor contacted several teacher's aides, giving much the same information as when the nurses were contacted. The teacher's aides were given the same orientation and instructional sessions, and were to be paid the same amount for completed interviews as the nurses. Although these orientation sessions provided adequate information to the nurses regarding the research study design and purpose, it is speculated that these sessions were not sufficiently explicit for the paraprofessionals. Of the four teacher's aides who were originally recruited, only two completed interviews and both were unable to score the follow-up guide with confidence. Because of their lack of understanding of the purpose of the research design and in some cases dissatisfaction with the rate of pay, all four resigned of their own accord.

The nurses, who presumably had a better understanding of the purposes of the study and more adequate interviewing skills, were also unable to continue with the project for very long, primarily because many of them were employed by area hospitals and worked rotating shifts, and they lacked the time for interviewing. From May through August, 1972, only two of the original five nurses were available for interviews, and by August, all had resigned due to lack of time. It should be noted, however, that both the nurses and the teacher's aides, unlike the original follow-up team, were requested to make their own appointments for follow-up interviews.

Undergraduate students from the University of Minnesota were also employed as interviewers at the same payment rate offered to the teacher's aides and the nurses. The students' recruitment, however, unlike that of either the teacher's aides or the nurses, was by an advertisement for follow-up interviewers placed in the University of Minnesota's student newspaper. In light of the Project's experience with the teacher's aides, and the students' lack of past experience with interviewing, students' orientation was more intensive than that of previous groups. The orientation involved explicit discussion of the interview schedule and the procedures for arranging interviews, and also included role playing, with the help of one of the experienced M.S.W. follow-up interviewers. The students proved to be thorough interviewers, although two of the original four who were hired had to resign because of other time commitments. The students were originally hired to follow up clients from the Crisis Intervention Center of Hennepin County General Hospital (See chapter on the Crisis Intervention Center in the P.E.P. Report, 1969-1973). Eventually they completed follow-ups for the four mode study as well. The students, like the teacher's aides and the nurses, were asked to arrange their own appointments for follow-up.

It is interesting to note that the interviewers who were asked to arrange their own appointments for follow-up (nurses and students) had as much difficulty locating the clients as the Program Evaluation Project follow-up staff, but because they were requested to do so from the start, it proved to be no problem. On the other hand, when the original team of follow-up interviewers (M.S.W.) were asked to arrange their own appointments for the interdisciplinary study, though they complied with this requirement, they found it to be an unwelcome burden.

The interdisciplinary reliability study compared not only different interviewer disciplines, but also compared in-person interviews with telephone interviews. Many of the experienced interviewers who had originally conducted only in-person interviews, found phone interviewing more difficult in terms of being able to score the Goal Attainment Follow-up Guide. Also, many of the experienced interviewers felt that a great deal was lost during the interview by not having a personal, face to face encounter with the client. The results of the study, however, showed little difference between interviews conducted in person and those done by phone, as reflected in the mean Goal Attainment scores. This study is discussed in detail in Section IIB of this report.

3. Communications with Follow-up Interviewers

Throughout the Project's involvement with follow-up studies, when a new substudy was to begin that would in any way alter the usual requirements for follow-up, a meeting of the interviewers with the research staff was held to explain the new study and discuss any changes that it required in the interview schedule.

This method of communication with the follow-up interviewing staff proved to be very effective. An in-person meeting with all the interviewers also promoted consistency in interviewing methods and an exchange of ideas which would have been lost if communication was limited to individual contacts with interviewers via telephone or letter. The interviewers were paid for attendance at the follow-up staff meetings according to their usual rate of payment for completed follow-up interviews.

The only major issue with which all the interviewers were concerned was the element of confidentiality that resulted from the initiation of formal feedback to the Mental Health Service clinicians, in February of 1972. During the early phases of follow-up, the interviewers were notified that they could assume confidentiality of the follow-up interview, so that anything the client related regarding his therapist or therapy, would not in turn be related to his therapist. The interviewers were adament in honoring that promise to the client, and as a result, feedback data of these early follow-up interviews was reported to the Mental Health Service clinicians only in aggregate form, not by individual clients. From January, 1972 on, however, the interviewers no longer promised that the client's therapist would not be made aware of the results of the interview. This change seemingly had no effect on the clients' willingness to discuss their level of satisfaction/dissatisfaction regarding the services at the Mental Health Service. The mean consumer satisfaction index score for the 426 clients followed up prior to January, 1972 was 76.18, as compared to the mean consumer satisfaction index score of the 265 clients followed up after January, 1972, which was 77.50. Since the clients seemed satisfied with treatment when the therapists were made aware of the client's results, it was assumed that the clients would accept therapist involvement in the follow-up process. As a result, the Mental Health Service redesign evaluation (see chapter on the redesign, P.E.P. Report, 1969-1973) primarily involves the therapist as follow-up interviewer to insure immediate clinical feedback.

E. Implementation of Follow-Up

The criteria determining a client's eligibility for follow-up in the four mode study included: 1) a Goal Attainment Follow-up Guide completed by the intake interviewer after not more than two intake sessions, 2) the client's attendance at a minimum of two therapy sessions with his assigned therapist, and 3) a signed consent form. Accurate record-keeping of clients visits to the Mental Health Service was imperative to determine whether or not these three criteria were met.

1. Tickler File

To help determine when clients were potentially eligible for follow-up, follow-up staff established a tickler file listing all clients due for follow-up during a given month. The cards for the file were completed by a member of the research staff immediately after a client's assignment to therapy. but the cards were not placed in the file until a follow-up guide had been completed. In the case of a late follow-up guide being completed and routed to the research office, the tickler card was completed with the prescribed date of follow-up indicated and included in the follow-up tickler file.

2. Determining Client Eligibility for Follow-up

To determine a client's eligibility for follow-up it was necessary to obtain course of therapy information from intake through the prescribed follow-up date. All clients for a given month were listed by a research staff member, who reviewed their Mental Health Service charts to determine intake interviewer, therapist, therapy mode, and number of times seen for treatment. This chart check served as a means of verifying the assignment as recorded by the research staff at the time of assignment, and also recognition of any transfers or terminations that were not reviewed by the Intake Committee. In the case of charts not available for review, a memo (see Appendix, page 45) was sent to the client's therapist asking him to indicate the number of times he'd seen the client, and how many more times he expected to meet with the client, if the client was still actively involved in treatment.

The original method of determining how many times and for what services a client was seen at the Mental Health Service was to collect daily copies of the Outpatient Department Transaction Record, filled out by the receptionists at the clinic desk. After February, 1970, however, the research staff recorded the new clients' visits on the Appointment Interviewer Worksheet. (See Appendix, page 42.) This process, it was hoped, would not only supply an indication of the number of therapy sessions, but would also provide a check on the study's requirement that a client be seen for no more than two intake interviews. (Verification on the number of each client's intake interviews was done bimonthly with ten randomly selected clients assigned to treatment via the Intake Committee. For those ten clients, an audit was done from the Mental Health Service chart to insure that the client was seen for not more than two intake interviews before being assigned to treatment. For all cases in the bimonthly audits, the limit of two intake interviews was observed 100 percent.)

According to the procedures begun in February, 1970 once client visit information was recorded, all of the Appointment Interviewer Worksheets were taken to the Intake Committee meeting (which formally assigned to treatment clients requesting services). Having the worksheets already filled out with the client name and hospital number was done to save time. However, due to the large number of clients who registered for services at the Mental Health Service but were never assigned to treatment via the Intake Committee (i.e., were terminated after intake or referred to another agency), the process of reviewing the Transaction Records was repetitious and time-consuming.

All clients due for follow-up in a given month were rechecked via their Mental Health Service charts to determine the actual number of times they were seen by their assigned therapist and whether or not they were still in treatment. It became clear that the onerous exercise of collecting and reviewing the transaction record was a redundant effort and was therefore discontinued. From then on, once the client was assigned, the Appointment Interviewer Worksheet was filled in at the Intake Committee meeting and became a permanent part of the client's Program Evaluation Project record.

3. Consent Form

A third requirement for eligibility in the follow-up study was a signed consent form. (See Appendix, page 41.) The consent form was presented to the client at the time of registration for services. The Mental Health Service admissions clerk explained the study briefly and asked the client to cooperate with the follow-up interview. Since the client's contact with the admission clerk was usually before he/she had been seen for intake, a number of clients were anxious and hesitant to sign anything. If the consent form was not signed during the registration process, a consent form was sent to whichever therapist the client was later assigned, requesting that the therapist try once again to elicit the client's cooperation with the follow-up interview. It was left to the therapist's own judgment to decide when it would be appropriate to again explain the research study and request the client's signature. If the therapist had not seen the client, or if the client was still reluctant to sign, the blank form was returned to the research office two months after the time the client had been assigned to treatment.

If the consent form still wasn't signed at the time research staff were to contact the client for the follow-up interview, research staff then attempted to obtain verbal consent. Those agreeing were presented a copy of the form to sign at the outset of the follow-up interview. No client who had not signed the consent form or who had not verbally agreed to participate with the follow-up interview was approached by a follow-up interviewer. Of the clients who ultimately refused to participate in the interview, 24 had not signed the consent form at admission and 42 had initially signed consent forms, but refused to cooperate with the interview at the time of follow-up.

4. Scheduling the Follow-Up Interviews

The follow-up interviewers prepared a monthly schedule of the times they were available for follow-up interviews and also an estimate of the number of interviews they could attempt that month. This information was useful to the research staff for predicting any need to increase the interviewing staff to accommodate the number of clients due for follow-up in the subsequent months.

Originally it was recommended that clients be randomly assigned to follow-up interviewers to prevent any assignment bias and to insure a balanced work load for all interviewers. This plan was ultimately abandoned since the follow-up interviewers were not reimbursed for mileage (unless mileage for one interview exceeded 50 miles, round trip) and preferred to work near their homes. Consequently, an attempt was made to minimize travel for the interviewers and random assignment to interviewer was not employed after approximately the first 100 follow-up interviews for the four mode study.

It was not always the case, however, that interviewers saw only clients who lived near their homes. Some clients were followed up at institutions such as Anoka State Hospital, the state prison, or the Hazelton Treatment Center, all of which are outside of the Minneapolis-St. Paul metropolitan area.

5. Locating Clients

One characteristic indicative of many clients seen at the Hennepin County Mental Health Service is transience. The follow-up date for clients could be set at anywhere from two months to two years from the date of assignment. For most clients, however, the date of follow-up was six months after date of assignment; if the intake interviewer indicated no preference for date of follow-up, it was automatically assumed to be six months. Even in six months, many clients were unlocatable at the address and phone number listed at the time of intake.

Most of the follow-up interview appointments for the four mode study were arranged with the client by a research staff member via telephone. For the interdisciplinary reliability study (See Section II of this report.) and other such studies, the interviewers were asked to arrange their own appointments. There were some cases in which interviewers made an impromptu visit to the home of clients who had no phone but who had previously signed the consent form.

If the client could not be reached at the phone number indicated at intake, a letter was sent from the research office requesting that the client phone the research office to schedule an appointment. If this letter came back to the office because the client was no longer at the address, the next course of action was to implement one or more of the following seven measures employed by the research staff to locate clients.

a. If the client was still in treatment at the Mental Health Service, his therapist was contacted in case he might know of the client's address change. Therapists on occasion were requested to encourage the client to call the research office to schedule the appointment.

b. A certified, registered letter was sent to the client's last known address. Certified mail is expensive (about $1.30 per letter) but proved to be helpful on many occasions.

c. Because the Project staff did not have a copy of the City Directory, which, unlike the telephone book, lists everyone living in the city, a liaison arrangement was set up with the city electric and gas companies. They listed their customers both by name and address. The Program Evaluation Project contacted the designated liaison for the utility company and requested a check for verification of address or phone number. This effort was soon abandoned because the utilities were unable to be of much help. Their directories listed only customers, and for the most part, clients utilizing

the Mental Health Service facilities did not own their own homes and often were not responsible for paying heating or electric bills. Also, in the case of multiple dwelling establishments, the owner listed by the utility company was very often a corporation rather than an individual landlord. Even if the utility companies could locate the client on their records, they often times listed the same address as the Program Evaluation Project records, or the client had already left the recorded address with no forwarding address indicated.

d. At the time of registration for services at the Mental Health Service, the clients were asked to list their nearest relative or friend who would probably know of their whereabouts in six months. This often was helpful, but it was surprising to note the number of parents, for example, who did not know the whereabouts of their children or were unwilling to disclose the information. All contacts made with persons other than the client himself were carried out without violating the client's right to confidentiality regarding his contact with Mental Health Service. Relatives or friends were told that the Outpatient Department of General Hospital was trying to locate the client, and even this information was offered only if the informant requested it. This same confidential approach was used while contacting employers or previous employers.

e. If there was any indication in the client's Mental Health Service chart that he/she was receiving assistance from a public agency such as Welfare, Vocational Rehabilitation, etcetera, these agencies were contacted for address and phone information. Of these, the A.F.D.C. files and the Welfare master files were of most help.

f. Some clients were involved with legal authorities at the time of intake (as noted on the Goal Attainment Follow-up Guide), which indicated the possibility of incarceration at the time of follow-up, a situation which made it difficult to contact the client directly. There was also on occasion an indication of a corrections officer involved with the client who, when contacted, was helpful in many cases. In a few instances the officers were able to arrange for a follow-up interview to be conducted at the county workhouse, city jail, state reformatory, or state prison. Both the liaison with the utility companies and with the Bureau of Investigation were arranged by the follow-up coordinator for the research project. Attempts at obtaining information from local draft boards were made on two occasions, but because of the Boards' confidentiality policies, both contacts proved to be extremely time-consuming and complicated, and though ultimately helpful, they preferred that the staff not contact them for this type of help.

g. On several occasions, clients were located out of state. If they agreed to participate in an interview by phone, the follow-up interviewers placed a person-to-person call to them and were reimbursed by the Project for phone expenses. One attempt was made via letter to reach a client living in Israel, but this endeavor proved to be unsuccessful. Protection of the client's right to confidentiality was treated as a serious matter throughout the follow-up study and though the research staff's efforts to locate clients were extensive, no client ever reported being offended in any way.

For purposes of recording contact efforts made by the research staff and to have an ongoing record of interactions with the client regarding the follow-up interview, a Follow-up Appointment Interview Worksheet (see Appendix, page 42) was used to record all attempts to find each client. The worksheet also provided information regarding when follow-up interviewers were available as well as a notation of the confirmed appointment date and time. Once the client was either followed up or eliminated from the study, the worksheet became part of the client's Program Evaluation Project chart.

Most interviews were conducted in the client's home. If this was inconvenient or if the client desired greater confidentiality, the interview was scheduled at the Mental Health Service, the Program Evaluation Project office, or in a few cases, a public establishment such as a restaurant. As mentioned previously, for the initial contact with the client (to arrange the follow-up interview) more than one phone call was usually required before the client was successfully located.

F. Post-Interview Procedures

Most of the follow-up unit's time was spent in arranging interviews. Important to the research endeavor, however, was the assimilation of the data collected by the follow-up interviewers during their encounter with the client.

All follow-up packets were sent to the interviewer with a return envelope included. As soon after the interview as possible, the packet was scored by the interviewer and returned to the Program Evaluation Project office. The packet was reviewed by the follow-up supervisor and assistant supervisor to insure that all questions were answered, and that the Goal Attainment Follow-up Guide was scored. If the interviewer indicated any problems with either scoring the follow-up guide or answering any of the questions, the follow-up supervisor provided clarification.

1. Special Scorings: Collateral Interviews

Oftentimes some of the scales on the follow-up guides required checking with a source other than the client for verification of scoring, such as a collateral check with the client's corrections officer to verify how many times, if any, the client violated the regulations of his probation. This

kind of check was completed by the research staff after the completion of the follow-up interview.

Another common verification source for the scoring of a scale was the therapist, the number of times the client was actually seen for therapy and whether the client discontinued therapy with the therapist's consent or merely stopped coming to the Mental Health Service. This check was also completed by the research staff since it was preferable that the follow-up interviewer remain unaware of the client's therapist or therapy mode.

Another verification check that was sometimes required was the report of the client's spouse or employer. This type of check was completed by the follow-up interviewer, if the client agreed to the contact by signing the Collateral Consent Form. (See Appendix, page 43.)

2. Special Scorings: Tests

Some scales also required the client to complete the Minnesota Multiphasic Personality Inventory at the time of follow-up. In the cases for which the Minnesota Multiphasic Personality Inventory was required, it was sent to the follow-up interviewer with the follow-up packet, and the interviewer requested that the client complete it as soon as possible after the interview and return it to the research office. A note was made in the client's Mental Health Service chart that the Minnesota Multiphasic Personality Inventory had been completed. The follow-up Minnesota Multiphasic Personality Inventory was a permanent part of the client's Program Evaluation Project record and a copy of it was provided to the therapist or any other clinician upon request.

In a few cases, the Mental Status Exam was administered at the time of follow-up and for these cases an M.S.W. follow-up interviewer who was familiar with the exam, was assigned the follow-up interview. For one client the Weschsler Adult Intelligence Scale subtest 5, "Memory Digit Span" was required at the time of follow-up.

In the case of any scales which were unscorable at the time of follow-up, (e.g., the client refused to complete the Minnesota Multiphasic Personality Inventory, or refused to discuss certain problem areas), the scales were eliminated from the follow-up guide and not used in the computation of the Goal Attainment score. Some scales were inappropriate at the time of follow-up if they referred, for example, to educational progress and the client was not in school but employed full-time instead. These scales, if unscorable according to the interviewer, were also eliminated from the Goal Attainment score. Among the 708 follow-up cases including 2507 scales, only 81 scales (3.2%) were considered unscorable.

Once the packet was reviewed and the scales scored, the completed follow-up was noted and the packet placed in the Program Evaluation Project data file. Soon after the completed interview, the follow-up packet was coded (See chapter on four mode study procedures in the P.E.P. Report, 1969-1973.) for keypunching and submitted for inclusion on the Program Evaluation Project computer tape file. (See chapter on Computer Information Systems in the P.E.P. Report, 1969-1973.)

3. Clients Eliminated from Follow-Up

Clients were eliminated for a variety of reasons, as indicated on the Elimination Code Sheet. (See Appendix, page 44.) Only part of the group of clients non-randomly assigned to treatment were followed-up, because of budgetory limits. Those followed-up of this group were selected at random. Clients who refused to participate in the follow-up interview were also eliminated, as well as those who could not be located by the research staff at the time of follow-up.

It was further determined that the latest a client could be interviewed was six months after the follow-up date prescribed by the intake interviewer, because the goals were established to be appropriate at a specific follow-up date. It was quite common, however, not to be able to locate a client until well after the prescribed follow-up date.

Inability to locate was the most frequent reason for elimination. Of the 2,096 clients for whom a Goal Attainment Follow-up Guide had been completed, 1,388 were eliminated from follow-up for various reasons. Two hundred and twenty-three (10.5% of the clients with follow-up guides) could not be located by the research staff at the time of follow-up.

A client was eliminated from the follow-up study as an assumed refusal if he failed to keep three consecutive scheduled follow-up appointments. Approximately 15 percent of all scheduled appointments for a given month were failed by the client on the first scheduling. Of the 1,388 clients eliminated from follow-up, 66 (4.32%) were considered refusals. (See Table II on following page.)

Originally the elimination of clients was determined by an elimination committee consisting of the Project's assistant director, follow-up supervisor, and assistant supervisor. This committee was dissolved at the end of the first year of active follow-ups. The elimination decision was then made by the research staff member responsible for attempting to locate and contact the clients, who was best acquainted with the case and thus able to determine the reason for elimination.

G. Estimates of Time and Cost Expenditures for the Follow-Up Unit

In December, 1971, the research staff initiated a time study to determine the approximate staff time invested in follow-up. The audit involved record keeping of time spent on 1) determining eligibility for the 100 clients "potentially" eligible for that month, 2) locating the 33 clients se-

TABLE II: Elimination from Follow-Up (N=1388)

REASONS FOR ELIMINATION	NUMBER ELIMINATED
Goal Attainment Follow-Up Guide	
Follow-up guide completed after client entered treatment	2
Client previously included in study and followed up	2
Invalid follow-up guide	16
Course of Therapy	
Zero therapy sessions completed in assigned therapy mode	216
One therapy session completed and client terminated from treatment	205
Other	2
Client Consent	
Client refuses to sign Program Evaluation Project consent	24
Client has signed consent but refuses interview at time of follow-up	39
Other	3
Client Cannot Be Contacted	
Client deceased at time of follow-up	5
Client has moved out of state	27
Client has moved out of metro area and is not reachable	20
Program Evaluation Project unable to locate client	171
Low Priority for Follow-Up	
Random assignment to major modes	10
Nonrandom assignment to major modes	252
Nonrandom assignment to minor modes	202
Assignment to termination	181
Other	
Random client eligible for follow-up but eliminated on the basis of cost	4
Followed up but eliminated due to unscorable follow-up guide	2
Other	5

lected for follow-up, 3) preparing the packets for mailing, 4) informing the interviewer of the scheduled appointment, 5) mailing the packets, and 6) review of the completed interview packets.

Twenty hours were required to determine that 33 of the 100 clients had completed a minimum of two therapy sessions. The average number of contacts needed to successfully locate the client to arrange an interview was five. Such attempted contacts included phone calls, letters, and discussions with employers, welfare and so on. The mean time spent in locating each client was 25 minutes. Preparation of the interview schedule, including duplication of the Goal Attainment Follow-up Guide and preparing it for mailing, also required 25 minutes per client. Only five minutes was spent contacting the follow-up interviewer to confirm the appointment for each interview. For each client eligible for follow-up, approximately one hour was needed to arrange the appointment and prepare the follow-up packet for the interview. When a client failed a scheduled appointment, the interveiwer contacted the research office and an attempt was made to reschedule the appointment. The above estimation of time expenditure includes any rescheduling necessary to complete the follow-up interviews.

1. Cost Figures, Follow-Up Interviewers

The Program Evaluation Project was involved in follow-up interviewing from June, 1970 through the end of November, 1973. As mentioned previously, a variety of interviewers were employed through the years of the project, with varying salary rates. The following figures, based on annual expenditures, consistently include reimbursements paid to the follow-up interviewers for both completed and failed interviews and are included here as hopefully relevant for budgeting estimations for similar follow-up programs, given the types of interviewers employed by the Program Evaluation Project and the number of interviews completed over the past four years.

During the months of June through December, 1970, 107 interviews were completed. The total cost for interviewing time was $1,915 and during this time, only M.S.W.s were employed as follow-up interviewers. Mean cost per completion was $17.90.

Mid-year, 1971, bachelor-degreed nurses and teachers' aides were added to the interviewing staff at a rate of payment less than that of the M.S.W.s. Also, in 1971, the follow-up unit began conducting follow-up interviews for the Crisis Intervention Center of Hennepin County General Hospital, after the Center implemented Goal Attainment Scaling in July. (See chapter on the Crisis Intervention Center in P.E.P. Report, 1969-1973.) By the end of 1971, 38 follow-ups had been completed for the Crisis Intervention Center at a total cost of $690, or 9.66 percent of the year's total expenditures for interviewing time of $7,143.46. The total number of follow-up interviews completed for the Mental Health Service was 420, with a resulting cost of $6,453.46 or 90.34 percent of the year's total. The mean cost per completed interview was $19.21 for the Crisis Intervention Center, $16.37 for the Mental Health Service, and $15.60 overall.

The total cost of follow-up interviews for 1972 was $5,677. Added to the aforementioned follow-up staff were B.A. social workers and undergraduate students from the University of Minnesota. Telephone interviews were initiated late in 1971 and continued throughout 1972. The M.S.W.s re-

ceived $10 for completed phone interviews and all other interviewers received $6, resulting in an expense decrease. No payment was made for failed phone interviews.

The total cost of the 299 interviews completed for the Mental Health Service was $3,897.50, or 68.65 percent of the total follow-up expenses in 1972 (mean cost per interview $13.04) and for the Crisis Intervention Center's 57 follow-ups, $671.50 or 11.83 percent of the 1972 total.

In March of the same year, follow-up began for the drug effectiveness study comparing valium and psychotherapy, a joint venture of the staffs of the Mental Health Service and the Program Evaluation Project. Because of the nature of the study, only the experienced (those hired prior to March of 1971) interviewers were to conduct the follow-up interviews. Each client included in the study required three separate follow-up interviews at three weeks, two months, and six months after beginning treatment. Payment for completion of the drug study follow-ups was set at $17.50 because of the increased time involvement necessary for the client and the interviewer to complete the Self-Rating Symptom Scale and the Brief Psychiatric Rating Scale respectively at the end of the interview. During the months of March through December, 56 drug study follow-ups were completed at a total cost of $1,108 or 19.52 percent of the expenditures for interviewing time for 1972, at a mean cost of $19.78 per interview.

The Project ceased data collection for the four mode study in November of 1972 with the advent of the Mental Health Service re-design program the same month. (For details, see chapter nine in the P.E.P. Report 1969-1973.) Thus, follow-up expenditures for 1973 were significantly less than the previous years. The drug study continued through 1973 with the completion of 21 interviews at a resulting cost of $352.80 or 36 percent of the year's total expenditures for interviewing time of $1056.50. The final 33 interviews for the four mode study cost $352.80 to complete or 34 percent of the year's total. In February the Program Evaluation Project began follow-up for the Guide to Goals study (See chapter on varieties of Goal Attainment Scaling in the P.E.P. Report 1969-1973.) for the Hennepin County Day Treatment Program and completed 34 interviews for a total cost of $321.20 or 30 percent of the year's total.

2. Summary

During the four years of the Program Evaluation Project, 1128 follow-up interviews were completed totaling $15,791.98 with the average cost per interview of $13.99. The mean number of interviews completed per year was 282 with a mean of $3,948 expended per year for follow-up interviewers' salaries.

H. Recommendations

A great deal of experience has been accumulated by the research staff during the course of organizing and implementing the follow-up study for the Program Evaluation Project. In mid-1973, the follow-up unit asked some of the follow-up interviewing staff for comments and recommendations for follow-up. The following were offered by follow-up interviewers experienced with scoring the Goal Attainment Follow-up Guides and the author.

1. Confidentiality

It is important to keep in mind a client's rights with regard to confidentiality of services received, especially in the area of mental health. While attempting to locate clients to arrange a follow-up interview, the research staff, and in some cases the follow-up interviewers, always identified themselves to the client, but when talking to other persons (i.e., employers, relatives, friends, and so forth), the identification and reason for calling were handled as discreetly as possible. Letters were often sent to the client's last known address if they were unlocatable by phone, and in all cases clients for whom an appointment had been scheduled received a letter of reminder a day or two prior to the interview. All correspondence was sent without a return address identifying either the Program Evaluation Project or the Mental Health Service. At times this discreetness turned into folly as in the case of a certified letter sent to one client who assumed the follow-up interviewer to be a bill collector and avoided responding to either phone calls or letters. In due time, however, the misunderstanding was cleared up and the interview completed as prescribed.

2. Privacy

Closely related to the area of confidentiality is the need for privacy in conducting the actual interview. This, above all else, was the recommendation of the follow-up interviewers. One interviewer commented that he had conducted interviews in cars, basements, front steps, gas stations, bars, back yards, and offices, to name a few, and preferred all of these to a lack of privacy. (Besnett, 1973) This recommendation is mostly for the protection of the client, but also relates to accurate data collection in lieu of a client's possible unwillingness to be candid if the interview is being witnessed by friends, parents, children, or a spouse.

Though the phone interviews completed during the course of the Project resulted in no significantly different Goal Attainment scores than those scores obtained through in-person interviews (See Section IIB of this report.), follow-up interviewers felt clients were more guarded in their responses. Phone interviews, though less expensive to complete, are not always conveniently private for the client, and may affect the client's openness and willingness to discuss problem areas delineated by the Goal Attainment Follow-up Guide.

3. Quality of Follow-Up Guide Construction

A system for assessing the utility of the Goal Attainment Follow-up Guide was completed by Gar-

wick and Grygelko (See chapter on assessment of the Goal Attainment Follow-up Guide, P.E.P. Report 1969-1973.) and discussed elsewhere but it is appropriate to mention here one of the most frequent difficulties follow-up interviewers had to cope with while scoring the Goal Attainment Follow-up Guide. Though the research staff did attempt to clarify the content of follow-up guides in negotiations with the follow-up guide constructors, the mixing of two or more variables per scale level made some scales impossible to score at the time of follow-up if the two behaviors did not vary together over time.

A suggestion for alleviation of the problem would be to employ follow-up guide constructors as follow-up interviewers, if at all possible. The same experience could be realized from role playing or other techniques that would involve the follow-up guide constructors in the role of follow-up interviewer (i.e., knowing nothing about the client except perhaps age, sex, marital status, and those areas delineated by the Goal Attainment Follow-up Guide). This experience of role reversal would, it is hoped, emphasize the desirability of clear, succinct, and behaviorably observable statements for inclusion on the Goal Attainment Follow-up Guides.

4. Training of Follow-up Interviewers

Familiarizing the follow-up interviewers with Goal Attainment Scaling is necessary to insure accurate scoring of the Goal Attainment Follow-up Guides. An interviewer procedures manual (Audette and Garwick, 1973) was developed which delineates the rudiments of accurate scoring of the Goal Attainment Follow-up Guides. One of the primary requests made of the interviewers was that they score the Goal Attainment Follow-up Guide independently, without collaboration with fellow follow-up interviewers. Because data collected for this study was based heavily on follow-up interviewing, it is important that the interviewers be prepared to elicit accurate information without alienating the client during the interview. Interviewers were paid for their attendance at training seminars, and that cost was incorporated into the annual mean cost per interview reported above.

Though it is true that good follow-up data is dependent upon well constructed follow-up guides, it is also important to remember that well trained follow-up interviewers are a key factor in the collection of outcome data for any follow-up study.

II. Special Studies Undertaken by the Follow-up Unit

The major part of the follow-up program from 1969 to 1973 was devoted to the collection of data for the original study comparing four modes of mental health treatment. However, the follow-up unit was involved with a number of other smaller studies each of which supplied additional information about the follow-up process. These are discussed in the following section. (In this section, correlation coefficients and differences in means are considered to be not statistically significant unless they reach the $p < .05$ level.)

A. The Original Reliability Study

1. History of the Original Reliability Study

A requirement of the original National Institute of Mental Health funding to the Program Evaluation Project was that the research staff complete two "reliability studies" concurrently with the main evaluation at the Mental Health Service.

These two largely separate reliability studies were combined into one overall research design in such a manner that both studies could be carried out simultaneously. (They are discussed in detail in the chapters on reliability in the P.E.P. Report, 1969-1973.)

a. The Follow-Up Guide Construction Reliability Study

The purpose of this study was to measure the consistency (as measured by the degree of similarity in Goal Attainment scores obtained at the time of follow-up) between two follow-up guide constructors (a client's intake interviewer and his assigned therapist) who independently constructed follow-up guides for the same client at approximately the same point in time.

b. The Follow-Up Reliability Study

This study was designed to measure the consistency (again as measured by the Goal Attainment scores) of two follow-up interviewers, who independently but at approximately the same point in time, scored the follow-up guides constructed for a particular client.

2. Implementation of the Study

The study began in May, 1970. Fifty clients were to be included in the study, 25 randomly assigned to treatment and 25 nonrandomly assigned to treatment. It was assumed that there would be some attrition from the desired number of 50 and that complete data on at least 40 clients would be sufficient for the completion of the study.

The reliability study was officially closed on October 1, 1972, with the completion of 44 dual follow-up interviews (26 random and 18 nonrandom assignments to treatment). Throughout the study, intake and therapist Goal Attainment Follow-up Guides were requested for 164 clients. Of these, a total of 84 subjects were actually accepted into the study. Table III reports the reason for elimination of the 40 clients not included in the sample. (See chapters on reliability in the P.E.P. Report, 1969-1973.)

TABLE III: Eliminations from Original Reliability Study

Reason for Elimination	FIRST INTERVIEW	SECOND INTERVIEW
UNLOCATABLE	12	5
REFUSED	8	7
ADMINISTRATIVE REASONS, e.g. Invalid Follow-up Guide	1	7

3. Summary of the Data

The mean number of days between the first and second interview was 25 and in no case was the first and second interview conducted by the same follow-up interviewer. The greatest number of days between the two interviews was 67 and the shortest time elapsed between the first and second interviews was five days.

The Pearson Product Moment correlation coefficient was employed to determine the relationship between the difference of the Goal Attainment score for the first and second interviews, and the length of time (in days) between first and second interview. Two separate correlations were derived: 1) for the difference in Goal Attainment scores for the intake Goal Attainment Follow-up Guides, which equals -.193, and 2) for the therapist Goal Attainment Follow-up Guides, which equals .059. The assumption drawn from the results of this computation is that the length of time between the first and second follow-up interviews had no significant effect on the difference of the Goal Attainment scores from the two interviews.

Table IV reports the mean and standard deviations for the Goal Attainment scores from the intake Goal Attainment Follow-up Guides and therapist Goal Attainment Follow-up Guides for the first and second interviews. Computation of the

TABLE IV: Mean Goal Attainment Scores for Both Follow-Ups and Both Guides, By Number of Days Between Follow-Ups

Number of Days between First and Second Interview:	5 - 14	15 - 29	30 - 44	45 - 67	TOTAL
Number of Subjects	N = 12	N = 17	N = 11	N = 4	N = 44
FIRST INTERVIEW					
Intake Interviewer Mean Goal Attainment Score	45.55	50.97	47.61	50.62	48.62 S.D.=9.18
Therapist Mean Goal Attainment Score	48.13	55.56	47.53	54.77	51.45 S.D.=9.84
SECOND INTERVIEW					
Intake Interviewer Mean Goal Attainment Score	44.68	51.87	51.99	50.63	49.83 S.D.=11.18
Therapist Mean Goal Attainment Score	49.04	55.68	54.91	54.57	53.57 S.D.=8.89

two tailed T-test yielded no significant differences between the Goal Attainment scores for first and second interviews. (See Table V.)

TABLE V: Goal Attainment Score Analysis for First and Second Interviews

	INTAKE GUIDE	THERAPIST GUIDE	OVERALL
FIRST INTERVIEW	N = 44	N = 44	N = 88
	$\bar{X}$ = 48.62	$\bar{X}$ = 51.45	$\bar{X}$ = 50.04
	S.D. = 9.18	S.D. = 9.89	S.D. = 9.57
	S.E. = 1.38	S.E. = 1.48	S.E. = 1.02
SECOND INTERVIEW	N = 44	N = 44	N = 88
	$\bar{X}$ = 49.83	$\bar{X}$ = 53.57	$\bar{X}$ = 51.70
	S.D. = 11.18	S.D. = 8.90	S.D. = 10.22
	S.E. = 1.69	S.E. = 1.34	S.E. = 1.09
OVERALL MEAN OF FIRST AND SECOND INTERVIEWS	N = 88	N = 88	N = 176
	$\bar{X}$ = 49.22	$\bar{X}$ = 52.51	$\bar{X}$ = 50.87
	S.D. = 10.19	S.D. = 9.39	S.D. = 9.91
	S.E. = 1.09	S.E. = 1.00	S.E. = .75

Figures II and III report the distribution of Goal Attainment scores from the first and second follow-up interviews, intake and therapist constructed follow-up guides. (See next page.)

4. Consumer Satisfaction

Table VI reports the consumer satisfaction information collected during the first and second interviews. At the outset of the study it was assumed that it was not necessary to collect consumer satisfaction information during the second interview. The decision was reversed once the consumer satisfaction questions were deemed more valuable for data comparisons. Unfortunately, not all clients, during the second interview, were asked to respond to the consumer satisfaction questions. The dual follow-up interview procedure did not negatively affect the clients' evaluation of services received while at the Mental Health Service as can be seen in Table VI.

TABLE VI: Consumer Satisfaction Results for the Clients in the Original Reliability Study

1. How would you describe your feelings about seeking service at the Mental Health Service?

	Very positive, very willing	Positive, somewhat willing	Indifferent	Negative, somewhat ambivalent	Very negative, very ambivalent	No answer
First Interview	9 20.45%	23 52.27%	2 4.54%	9 20.45%	1 2.27%	----------
Second Interview	14 31.82%	22 50.00%	2 4.54%	2 4.54%	----------	4 9.09%

2. Did you have any problems getting service at the Mental Health Service?

	No	Yes	No answer
First Interview	35 79.54%	9 20.45%	----------
Second Interview	34 77.27%	6 13.64%	4 9.09%

3. How satisfied were you with the services you received?

	Very satisfied	Satisfied	Indifferent	Dissatisfied	Very dissatisfied	No answer
First Interview	17 38.64%	13 6.82%	4 9.09%	9 20.45%	1 2.27%	----------
Second Interview	13 29.54%	14 31.82%	7 15.91%	5 11.36%	1 2.27%	4 9.09%

4. Do you feel differently about your problems now?

	Much better	Better	Same	Worse	Much worse	No answer
First Interview	18 40.91%	21 47.73%	5 11.36%	----------	----------	----------
Second Interview	16 36.36%	24 54.54%	4 9.09%	----------	----------	----------

5. Do you attribute this change or lack of change to treatment at the Mental Health Service?

	Yes, mostly	Yes, partly	Not for most part	Not at all	No answer
First Interview	20 45.45%	13 29.54%	7 15.90%	3 6.82%	1 2.27%
Second Interview	16 36.36%	16 36.36%	6 13.63%	5 11.36%	1 2.27%

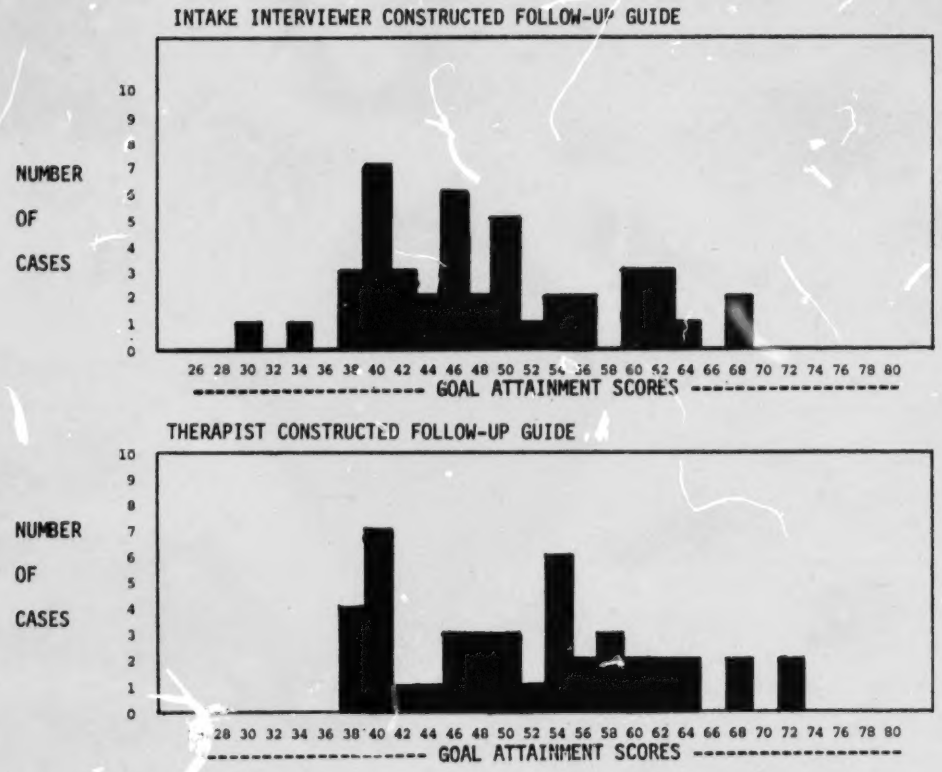


FIGURE II: Distribution of Goal Attainment Scores, Intake and Therapist Follow-up Guides

FIRST INTERVIEW

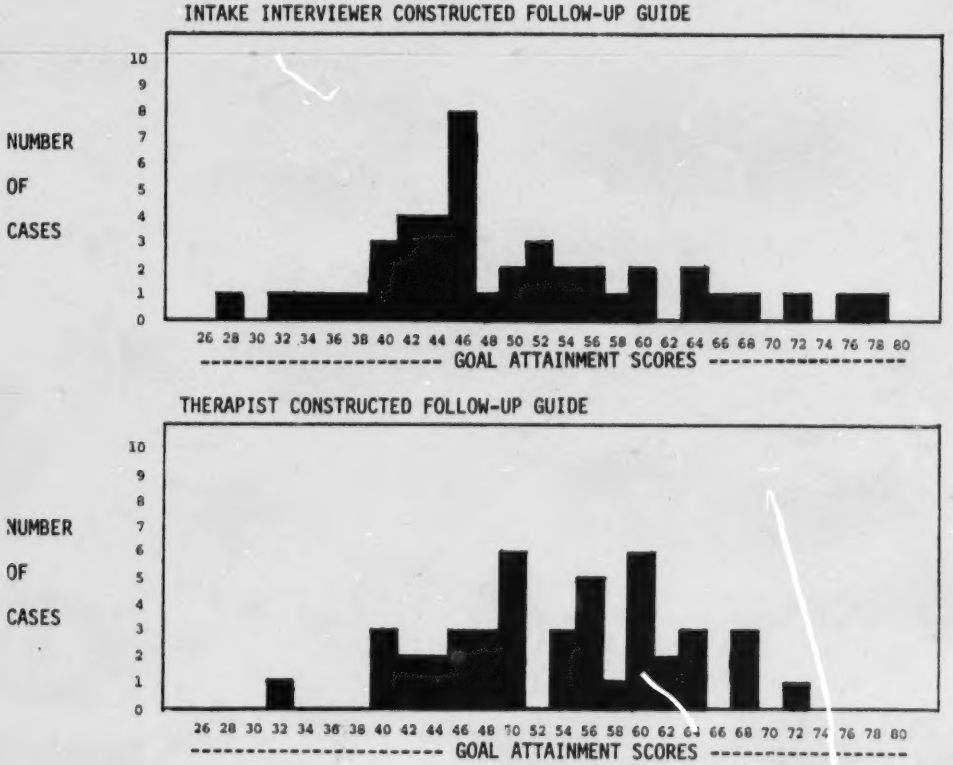


FIGURE III: Distribution of Goal Attainment Scores, Intake and Therapist Follow-up Guides

SECOND INTERVIEW

B. Interdisciplinary Reliability Study Using Phone and In-Person Interviews

1. History of the Study

The purpose of this study was to determine scoring consistency between follow-up interviewers of different academic and professional backgrounds and, secondly, consistency between in-person and telephone interviews as measured by the Goal Attainment score. Originally teachers' aides as well as social workers and nurses were to be included in the study, but it was decided that use of teachers' aides was not feasible. Consequently, the research design was modified to include only nurses and master's level social workers.

2. Study Design

A randomly selected sample of clients who were nonrandomly assigned to treatment via the Mental Health Service intake committee and who had received a minimum of two therapy sessions were included in the study. They were assigned by means of a random card deck to one of the 16 cells shown in Table VII. An attempt was made to interview each client twice, the type of interview and interviewer being determined by the cell to which the client was assigned.

TABLE VII: Discipline of the Interviewers for the Interdisciplinary Reliability Study

FIRST INTERVIEW \ SECOND INTERVIEW	RN in person	RN phone	MSW in person	MSW phone	TOTAL
RN-in person	2	3	4	6	15
RN phone	3	2	4	4	13
MSW-in person	3	2	1	2	8
MSW phone	8	6	4	6	24
Total	16	13	13	18	60

For this study, follow-up interviewers were asked to arrange their own appointments. The mean number of days between the first and second interviews was 27 and in no case was the first and second interview conducted by the same interviewer.

3. Completion of the Study

The original design was planned for a total of 80 subjects to be interviewed twice, five in each of the 16 cells. In all, 141 clients were included in the study over a ten month period. Of these, 60 were interviewed twice and the remaining 81 subjects were eliminated from the study for the following reasons: 57 clients were unlocatable for either the first or second interview; 18 clients refused to cooperate with either the first or second interview, and 6 clients were eliminated for administrative reasons, e.g., no access to telephone, deceased, or invalid follow-up guide. Table VII shows the distribution among the cells of the 60 subjects who participated in the two follow-up interviews.

4. Presentation of the Data

The overall mean (combining first and second interviews) of the 52 in-person interviews is equal to 50.22, and the overall mean of the 68 phone interviews is equal to 52.90. The overall mean (combining first interview and second interview) of the 63 interviews, completed by the social workers is equal to 50.35, while the overall mean for the 57 interviews completed by the nurses is equal to 53.24.

Tables VIII through XI present the means and standard deviation for mode of interview as well as types of interviewers across first and second follow-ups. Also included is the correlation coefficients, (Pearson) and the results of the two-tailed T-test computed to determine significant differences in the means. None of the differences in means reached the $p > .05$ level of significance.

The correlation coefficients for all combinations of interviewers were moderately high. The overall correlation of first interview and second interview (N=60) is equal to .65, and the correlation between in-person and phone interviews (N=31) is equal to .66. The correlation between scores derived by M.S.W.s for the first interview and M.S.W.s for the second interview (N=13) equals .61. The first interview by R.N. and second interview by R.N. (N=10) yielded a correlation coefficient equal to .57. For first interviews completed by M.S.W.s and second interviews completed by R.N.s (N=19) correlation of Goal Attainment scores was equal to .59. For the first interview completed by R.N.s and the second interview completed by M.S.W.s (N=18), the correlation is equal to .80.

5. Conclusions

The advantage of phone interviewing is that it is less expensive to complete, as was mentioned in Section I, part 4 of this report, and thus allows for the possibility of completing more interviews for less money. The information gathered from the interdisciplinary, phone versus in-person study

TABLE VIII: Mean Goal Attainment Scores for First and Second Interviews According to Mode of Interview

	FIRST INTERVIEW	SECOND INTERVIEW	OVERALL MEAN
IN PERSON	N = 23; Mean = 47.78 S.D. = 8.75 S.E. = 1.82	N = 29; Mean = 52.66 S.D. = 14.40 S.E. = 2.67	N = 52; Mean = 50.22 S.D. = 2.36 S.E. = 1.71
PHONE	N = 37; Mean = 53.64 S.D. = 12.65 S.E. = 2.08	N = 31; Mean = 52.17 S.D. = 10.89 S.E. = 1.96	N = 68; Mean = 52.90 S.D. = 11.82 S.E. = 1.43
TOTAL	N = 60; Mean = 50.71 S.D. = 11.61 S.E. = 1.50	N = 60; Mean = 52.42 S.D. = 12.60 S.E. = 1.63	N = 120; Mean = 51.56 S.D. = 12.15 S.E. = 1.11

T-Test Results:

First Interview, phone vs. in person:	$p = > .01$
Second Interview, phone vs. in person:	No significant difference
In Person, first interview vs. second interview:	No significant difference
Phone, first interview vs. second interview:	No significant difference

Correlation: first interview and second interview = .646

TABLE IX: Mean Goal Attainment Scores for First and Second Interview According to Discipline of Interviewers

	FIRST INTERVIEW	SECOND INTERVIEW	OVERALL MEAN	CORRELATION
SOCIAL WORKER	N = 32; Mean = 50.02 S.D. = 12.59 S.E. = 2.23	N = 31; Mean = 51.36 S.D. = 12.91 S.E. = 2.32	N = 63; Mean = 50.69 S.D. = 12.66 S.E. = 1.60	.609
REGISTERED NURSE	N = 28; Mean = 52.96 S.D. = 10.33 S.E. = 1.95	N = 29; Mean = 53.52 S.D. = 12.39 S.E. = 2.30	N = 57; Mean = 53.24 S.D. = 11.33 S.E. = 1.50	.571
TOTAL	N = 60; Mean = 51.49 S.D. = 11.59 S.E. = 1.50	N = 60; Mean = 52.44 S.D. = 12.60 S.E. = 1.63	N = 120; Mean = 51.96 S.D. = 12.06 S.E. = 1.10	.646

T-TEST RESULTS:

Social Worker, first interview vs. second interview:	No significant difference
Nurse, first interview vs. second interview:	No significant difference
First Interview, social worker vs. nurse:	No significant difference
Second Interview, social worker vs. nurse:	No significant difference

TABLE X: Breakdown of Mean Goal Attainment Scores for Registered Nurses by Mode of Interview and Order of Interview

	FIRST INTERVIEW	SECOND INTERVIEW	OVERALL MEAN
IN PERSON	N = 15; Mean = 49.57 S.D. = 8.22 S.E. = 2.12	N = 16; Mean = 53.09 S.D. = 13.93 S.E. = 3.48	N = 31; Mean = 51.33 S.D. = 11.48 S.E. = 2.06
PHONE	N = 13; Mean = 56.87 S.D. = 11.42 S.E. = 3.17	N = 13; Mean = 54.05 S.D. = 10.73 S.E. = 2.98	N = 26; Mean = 55.46 S.D. = 10.95 S.E. = 2.15
TOTAL	N = 28; Mean = 53.22 S.D. = 10.30 S.E. = 1.95	N = 29; Mean = 53.52 S.D. = 12.39 S.E. = 2.30	N = 57; Mean = 53.39 S.D. = 11.33 S.E. = 1.50

T-TEST RESULTS:

In Person, first interview vs. second interview:	No significant difference
Phone, first interview vs. second interview:	No significant difference
First Interview, in person vs. phone:	$p > .01$
Second Interview, in person vs. phone:	No significant difference

Correlation: first interview, R.N. and second interview, R.N. = .571

TABLE XI: Breakdown of Mean Goal Attainment Scores for Masters Degree Social Workers According to Mode of Interview and Order of Interview

	FIRST INTERVIEW	SECOND INTERVIEW	OVERALL MEAN
IN PERSON	N = 8; Mean = 44.43 S.D. = 9.25 S.E. = 3.27	N = 13; Mean = 52.12 S.D. = 15.51 S.E. = 4.30	N = 21; Mean = 48.27 S.D. = 13.74 S.E. = 3.00
PHONE	N = 24; Mean = 51.89 S.D. = 13.16 S.E. = 2.69	N = 18; Mean = 50.81 S.D. = 11.11 S.E. = 2.62	N = 42; Mean = 51.42 S.D. = 12.19 S.E. = 1.88
TOTAL	N = 32; Mean = 48.16 S.D. = 12.59 S.E. = 2.23	N = 31; Mean = 51.46 S.D. = 12.91 S.E. = 2.32	N = 63: Mean = 49.81 S.D. = 12.66 S.E. = 1.60

T-TEST RESULTS:

In Person, first interview vs. second interview:	No significant difference
Phone, first interview vs. second interview:	No significant difference
First Interview, in person vs. phone:	No significant difference
Second Interview, in person vs. phone:	No significant difference

Correlation: first interview by social worker and second interview by social worker = .609

suggests that there is no significant difference in mean Goal Attainment scores between two types of interviews or between the two types of interviewers whose scorings correlate in the .59 to .80 range.

C. Follow-up Study: Hennepin County Crisis Intervention Center Comparing Professional and Non-Professional Interviewers

1. History of the Study

The research design for the Crisis Intervention Center follow-up study involved two main procedures: a sampling procedure of walk-in clients for inclusion in the study and, secondly, the construction of a Goal Attainment Follow-up Guide using contract fulfillment, wherein the intake interviewer and the client negotiated mutually acceptable therapy goals. (See chapter on Crisis Intervention Center of the P.E.P. Report, 1969-1973.)

Every 15th walk-in client at the Crisis Intervention Center had a Goal Attainment Follow-up Guide constructed for his case. In total 303 guides were constructed and of these, 109 were followed up. Prescribed follow-up time was three weeks from the date of initial contact with the Center. Very few clients, however, were located before or on the suggested date of follow-up. This was due mostly to the transience of the population and also the fact that many clients had very short or one time contacts with the Center. The clients often left no permanent address or a temporary address which was no longer applicable at the time of follow-up.

2. Implementation of Follow-Up

Three types of follow-up interviewers were employed for the completion of this study, including the Program Evaluation Project's experienced master-level social workers, undergraduate university students, and registered nurses. The interviews were conducted in person when possible, and via telephone only in cases when an in-person interview was not possible. Only one interview was conducted by an R.N., and of the remaining 108 interviews completed, 31 or 28.44% were conducted by undergraduate students (juniors and seniors majoring in the social sciences), and 77 or 70.64% were completed by the M.S.W.s. If clients had more than one contact with the Crisis Intervention Center, they were seen for follow-up more than once. However, each interview evaluated a different set of treatment goals as indicated on separate Goal Attainment Follow-up Guides. Of the 109 interviews completed, only 104 different clients were actually seen for follow-up.

3. Results of the Study

For analysis, the one interview conducted by the registered nurse has been included in the "inexperienced student interviewer" category, due to the fact that she was not an experienced follow-up interviewer with the Program Evaluation Project.

Computation of the two-tailed T-test indicated that the difference in mean Goal Attainment scores between professional and nonprofessional interviewers, and the differences in mean Goal Attainment scores for in-person and telephone interviews did not reach the $p<.05$ level of significance. Table XII reports the score analysis of the 109 follow-up interviews completed, and Figure IV reports the distribution of the 109 Goal Attainment scores.

D. Follow-Up of Clients Terminated Before Receiving Treatment from the Mental Health Service

1. Introduction to the Study

This study originated for the purpose of determining how clients who received no therapy after intake or who were recommended for treatment but never returned to participate in the assigned therapy at the Mental Health Service, scored on their Goal Attainment Follow-up Guides.

2. Implementation of the Study

Thirty-five clients were followed up for the study. Of these, 17 were terminated with no recommendation for further treatment and 18 were assigned to treatment but did not return after their initial intake interviews. These two categories represent 4.9% of the 708 clients followed up, and except for the purposes of this substudy, would not have ordinarily been followed up.

As a result of the two kinds of termination assignments, it is assumed that two different types of Goal Attainment Follow-up Guides were constructed by the intake interviewers. For the first type, goals were established as appropriate assuming the client would receive no further treatment at either the Mental Health Service or elsewhere, and for the second group, goals were established with the assumption that the client would receive treatment at the Mental Health Service before the prescribed follow-up date.

Table XIII reports the mean comparisons for the two groups individually, and the overall figures for the entire sample of 35.

TABLE XIII: Goal Attainment Scores for Two Groups of Clients Not Receiving Treatment

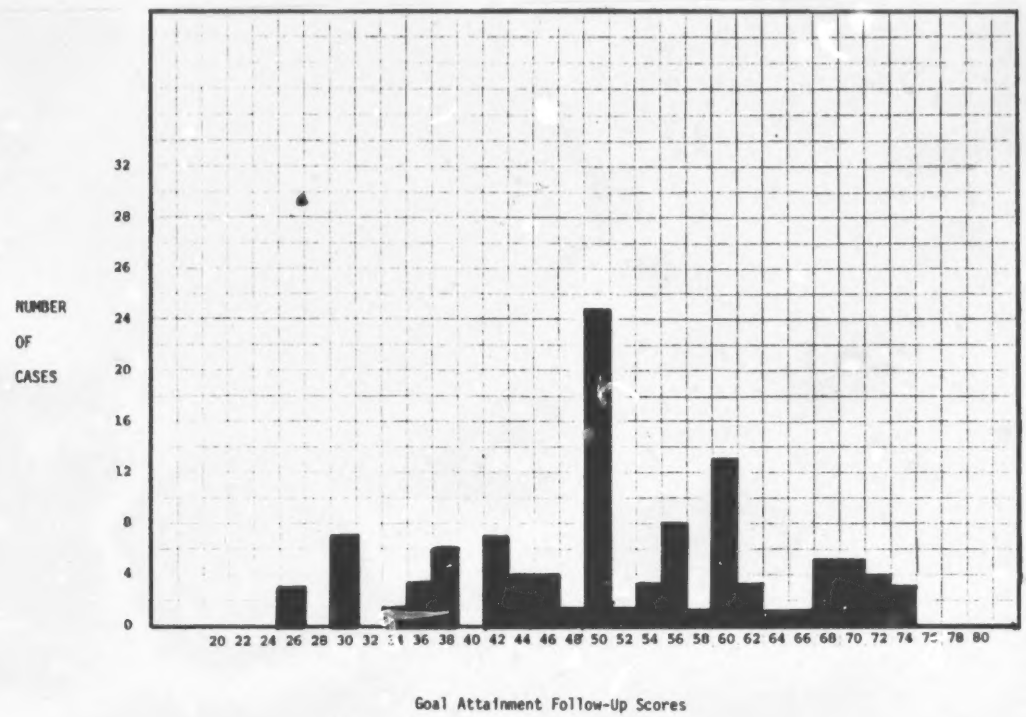
RECOMMENDED FOR TREATMENT: NO SHOW	TERMINATED AFTER INTAKE: NO RECOMMENDATION FOR FURTHER TREATMENT	THE TWO GROUPS COMBINED
N = 18 $\bar{X}$ = 56.33 S.D. = 12.64 S.E. = 2.98	N = 17 $\bar{X}$ = 47.89 S.D. = 9.63 S.E. = 2.34	N = 35 $\bar{X}$ = 52.23 S.D. = 11.87 S.E. = 2.00
T-test computed for significant difference of means yielded difference at the $p < .05$ level.		

TABLE XII: Mean Goal Attainment Scores for In Person and Phone Interviews, Experienced and Inexperienced Interviewers

	EXPERIENCED INTERVIEWERS	INEXPERIENCED INTERVIEWERS	OVERALL
IN PERSON	N = 61 $\bar{x}$ = 53.22 S.D. = 10.97 S.E. = 1.41	N = 24 $\bar{x}$ = 46.49 S.D. = 13.67 S.E. = 2.79	N = 85 $\bar{x}$ = 51.32 S.D. = 12.10 S.E. = 1.31
PHONE	N = 16 $\bar{x}$ = 48.61 S.D. = 15.90 S.E. = 3.98	N = 8 $\bar{x}$ = 57.69 S.D. = 13.56 S.E. = 4.79	N = 24 $\bar{x}$ = 51.63 S.D. = 15.49 S.E. = 3.16
TOTAL	N = 77 $\bar{x}$ = 52.26 S.D. = 12.18 S.E. = 1.39	N = 32 $\bar{x}$ = 49.29 S.D. = 14.30 S.E. = 2.53	N = 109 $\bar{x}$ = 51.39 S.D. = 12.84 S.E. = 1.23

T-test computed for significant differences yielded no significant difference of mean scores for the two groups (in person and phone) or for the two types of interviewers (professional and nonprofessional).

FIGURE IV: Distribution of Goal Attainment Scores for 109 Crisis Intervention Center Follow-ups



3. Summary

Clients were eligible for inclusion in the study if, at the time of their assignment ("to termination"), no referral was made for further treatment at another agency. However, 10 clients, or 28.57%, were seen by another agency during the follow-up period. All but one of the 10 were seen by a counseling agency. The mean Goal Attainment score for this group is 44.56. The remaining 25 clients (71.43%) were not seen by any other agency prior to the follow-up interview. The mean Goal Attainment score for the group is 55.14.

Most of the 35 clients followed up were interviewed by M.S.W. follow-up interviewers. Fifteen clients, or 4%, were followed up by interviewers of different professional backgrounds including B.A. social workers, registered nurses, and undergraduate university students. No significant scoring differences were apparent among the various types of interviewers.

III. Conclusion

A follow-up program is an integral part of any goal-oriented evaluation, the success of which is greatly dependent upon the quality of the data and the manner in which it is collected at the time of the follow-up interview.

The experience with Goal Attainment Scaling so far suggests that the Goal Attainment Follow-up Guide is a viable instrument for follow-up interviewing. The form is indeed useful as a "follow-up guide". The follow-up process can be moderately accurate with inter-rater agreement ranging roughly from .50 to .80 depending on the client group, the interview medium, and the type of interview.

The follow-up process is flexible and has been successfully utilized by telephone or in-person interviews, by interviewers from a range of background (social work, undergraduates, nursing) and by persons with a variety of involvements with treatment (research staff, therapist, clients, follow-up interviewers).

Finally, the follow-up process can be used to generate information on achievement of goals (the Goal Attainment score) on client response (consumer satisfaction) and on the relevancy of the Goal Attainment Follow-up Guide itself (Goal Attainment Follow-up Guide Critique Form).

References.

Audette, D. & Garwick. Interviewer procedures for scoring the goal attainment follow-up guide. Unpublished Project Report, July, 1973.

Besnett, C. A follow-up interviewer's impression. Unpublished Project Report, 1973.

APPENDIX

I. Interview Schedules.

Version A - Experimental Follow-up Interview Schedule.

Version B - Follow-up Interview Schedule Utilized by the Program Evaluation Project Staff during July, 1970 - November, 1970.

Version C - Follow-up Interview Schedule Utilized by the Program Evaluation Project Staff during November, 1970 - August, 1971.

Version D - Follow-up Interview Schedule Utilized by the Program Evaluation Project Staff during August, 1971 - January, 1973.

II. Follow-up Forms.

Form A - Program Evaluation Project Assignment/Appointment Worksheet

Form B - Program Evaluation Project Patient Consent Form.

Form C - Follow-up Appointment Worksheet.

Form D - Program Evaluation Project Collateral Consent Form.

Form E - Documentation of Elimination from Program Evaluation Project Follow-up.

Form F - Therapy Session Reporting Form.

I. INTERVIEW SCHEDULES.

Version A. Experimental Follow-up Interview Schedule.

PATIENT NAME AND NUMBER _____

ADDRESS _____

TELEPHONE _____

FOLLOW-UP INTERVIEWER _____

DATE OF INTAKE _____

APPOINTMENT TIME _____

1. Statement of purpose in being there. (For example: We are with the Hennepin County General Hospital Mental Health Center and we are doing a follow-up on a certain number of the patients in regard to the service they received at the Mental Health Center.)

2. I understand that you were seen at the Mental Health Center in _____ of _____? (A yes or no answer will be given. If a no is given, the date will have to be clarified with the patient.

3. Were you ever seen at the Hennepin County Mental Health Center previous to _____ of _____?
If answer is no -- Have any members of your family been seen there?

Have your friends been seen there?

4. Have you been seen by any other agency since _____ of _____?
If yes, which one? and are you still being seen there?

5. Did you have any problems in getting service at the Hennepin County Mental Health Center?
If there is a yes response, but patient is unable to come up with any concrete reasons, some suggestions might be: Worker not available, time delay, lack of waiting rooms, noisy surroundings.

6. Were there any services you felt you should receive and didn't?

7. Were you satisfied with the services you received?
Scale this item according to:
a) very satisfied ___ b) satisfied ___ c) indifferent ___
d) dissatisfied ___ e) very dissatisfied ___

8. What were your reasons for being:

Satisfied _____ or _____ Dissatisfied

9. Who suggested that you go the the Hennepin County Mental Health Center for service?

10. How did you feel about going to the Hennepin County Mental Health Center?
Scale this item according to:
a) very positively ___ b) positively ___ c) indifferently ___
d) negatively ___ e) very negatively ___

11. Would you return if you felt a need for further services?

12. What were the problems which led you to seek service at the Hennepin County Mental Health Center?
Scale Headings are:

_____ _____ _____

_____ _____ _____

13. Do you feel any differently about your problems now after having been seen at the Hennepin County Mental Health Center?
Scale this item according to:
a) much better ___ b) better ___ c) same ___ d) worse ___
e) much worse ___

Version B. Follow-up Interview Schedule Utilized by the Program Evaluation Project Staff during July 1970 - November 1970.

DATE OF INTAKE _____

PATIENT NAME AND NUMBER _____

ADDRESS _____

TELEPHONE _____

FOLLOW-UP INTERVIEWER _____

APPOINTMENT TIME _____

PLACE OF INTERVIEW _____

HENNEPIN COUNTY MENTAL HEALTH CENTER FOLLOW-UP INTERVIEW SCHEDULE

FOLLOW-UP INTERVIEWER GUIDELINES	FOLLOW-UP INTERVIEW SCHEDULE	PATIENT RESPONSE
Statement of purpose Optional remark if the patient seems not to understand.	I am _____ from the Hennepin County Mental Health Center at General Hospital. I believe we have an appointment for _____ today. We at the Mental Health Center are attempting to evaluate the services of our program. I would like to ask you some questions about your experience with the Center program. (You may recall being asked to agree to this interview by signing our consent form when you registered at the clinic.)	
PART I: Consumer satisfaction with services. 1. If patient response to this question is "no" it will be necessary to clarify	1. I understand that you were seen at the Mental Health Center last _____. (date of intake)	1. Yes ___ No ___ If "no", When? ___

1. (continued) the date of intake to be sure that both interviewer and patient are discussing the same intake.		
2. Check patient response if listed. *If Social agency, indicate name. **If "other", please specify.	2. Who suggested that you go to the Hennepin County Mental Health Center?	2. Self ___ Doctor ___ Family member ___ Suicide phone ___ Emergency room ___ Social agency ___ * _____ Court order ___ Condition of probation, parole ___ Other ___ ** _____
	2a. Was your decision to seek treatment a voluntary one, or was it required (by law, for instance) that you do so?	2a. Voluntary ___ Required ___
3. If patient has had previous contact with the Center, remind him that we are only interested in his reaction to his experiences with the Center after the intake date specified on the schedule.	3. Did you have any contact with the Mental Health Center previous to _____? (date of intake)	3. Yes ___ If "yes", When? _____ No ___
4. Interviewer should attempt to summarize patient's response to this question and arrive at an agreed-upon degree of willingness to seek treatment, which can be scaled. Interviewer should record any reasons the patient might give for his response.	4. How would you describe your feelings about seeking service at the Mental Health Center?	4. Very negative, very ambivalent about seeking treatment ___ Negative, somewhat ambivalent ___ Indifferent ___ Positive, some-

4. (continued)		what willing to seek treatment ___ Very positive, very willing ___
5. If answer to this question is "yes", interviewer may wish to include additional comment in space beneath question #5.	5. Have you been seen by any other agency since _____? (date of intake)	5. Yes ___ If "yes", where? _____ No ___
6. If there is a "yes" response to this question, but patient is not able to specify, interviewer may suggest items such as availability of worker, time it took to get appointment, physical surroundings of waiting area, etc.	6. Did you have any problems getting service at the Hennepin County Mental Health Center?	6. Yes ___ If "yes", list: No ___
7.	7. Were there any services you felt you should have received and didn't?	7. Yes ___ If "yes", list: No ___
8. As in question 4, interviewer should attempt to summarize patient response to this question and arrive at an agreed upon degree of satisfaction which can be scaled in 8a.	8. Were you satisfied with the services you received?	8. Yes ___ No ___
	8a.	8a. Very dissatisfied ___ Dissatisfied ___ Indifferent ___ Satisfied ___ Very Satisfied ___

8b. Use space for indicating specific items with which the patient was satisfied or dissatisfied.	8b. What were your reasons for being dissatisfied: satisfied:	
9. If not clearly a "yes" or "no" response, record any statements or qualifying remarks the patient might provide.	9. Would you return to the Mental Health Center if you felt a need for further service?	9. Yes ___ No ___
PART II: Discussion of the problems patient feels precipitated his going to the Mental Health Center. This discussion should lead to the determination of a score (-2, -1, 0, +1, +2) for each of the scales indicated on the Follow-up Guide filled out for the patient at intake. The interviewer should use this portion of the interview to draw the patient out in discussing problems, rather than approaching the problem directly. It is possible that the intake worker defined problem areas and goals which the patient would have defined differently. Refrain from divulging the material on the grid to the patient.	10. What were the problems which led you to seek services at the Hennepin County Mental Health Center? (SCALE HEADINGS for this patient are:) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	
11. Keeping a list of the problems mentioned by the patient will enable the follow-up interviewer to go back and discuss whether the patient feels differently about each problem now.	11. Do you feel differently about your problems now?	11. Much better___ Better ___ Same ___ Worse ___ Much worse ___
	11a. Do you attribute this change in feeling to the treatment you received at the Center?	11a. Yes ___ No ___

	11b. If not, to what do you attribute the change?	

PART III. Summary of Interview. This section should be completed by the interviewer after the interview has taken place. Please select the response item which you feel best approximates your evaluation of what took place. Feel free to qualify your choice of response by writing in the left hand margin if you think qualification is necessary.

SUMMARY ITEM — INTERVIEWER RESPONSE

1. Length of interview (approximate time)

less than one half hour	___
one half to one hour	___
one to one and one half hours	___
one and one half to two hours	___
more than two hours	___

2. Place of interview

patient's home	___
mental health center	___
P.E.P. office	___
patient's place of employment	___
interviewer's place of employment (if other than mental health center or P.E.P. office)	___
public place (other than patient's or interviewer's place of employment or mental health center)	___
specify: _____	
other	___
specify: _____	

3. Persons other than interviewer and patient present (audible or visible to interviewer) and participating at interview. Indicate in the space to the right the number of persons of the specified relationship. In the space to the left indicate whether the other person(s) were merely present or participating.

merely present	participating	relationship	
_____	_____	parent	___
_____	_____	spouse	___
_____	_____	child	___
_____	_____	roommate	___
_____	_____	friend	___
_____	_____	(other)	___

4. Patient's apparent attitude toward follow-up.

highly favorable	___
favorable	___
indifferent	___
unfavorable	___
highly unfavorable	___

5. Quality of patient interaction/cooperation in interview.

very responsive/cooperative	___
responsive/cooperative	___
indifferent	___
unresponsive/uncooperative	___
very unresponsive/uncooperative	___

6. Indicate your level of confidence in the scoring you did for each scale by rating 0 for minimun confidence, 1 for moderate confidence, and 2 for high confidence.

Scale 1	___
Scale 2	___
Scale 3	___
Scale 4	___
Scale 5	___
_____	___
_____	___

7. Did the patient or your interaction with the patient evidence the possiblity of any new mental/physical health problems arising since intake? Elaborate.

Yes	___
No	___

8. Did you make any referrals in the course of the interview? Yes ___ No ___

Whom? _____

Where? _____

9. If there are any other significant items which you wish to report, please use the space below to describe these:

Version C. Follow-up Interview Schedule Utilized by the Program Evaluation Project Staff during November 1970 - August 1971.

DATE OF INTAKE _____

PATIENT NAME AND NUMBER _____

ACDRESS _____

TELEPHONE _____

FOLLOW-UP INTERVIEWER _____

APPOINTMENT TIME _____

PLACE OF INTERVIEW _____

HENNEPIN COUNTY MENTAL HEALTH CENTER FOLLOW-UP INTERVIEW SCHEDULE

FOLLOW-UP INTERVIEWER GUIDELINES	FOLLOW-UP INTERVIEW SCHEDULE	PATIENT RESP.SE
Statement of purpose: Optional remark if the patient seems not to understand. Interviewer should state that he is not employed by the Mental Health Center, and has no vested interests in the outcome of the study. He should also inform the patient that the results of this interview will not be made known to the patient's therapist. Interviewer should keep	I am _____ represe.cing the Hennepin County Mental Health Center at General Hospital. I believe that we have an appointment for ____ today. The Mental Health Center is attempting to evaluate the services of its Program. I would like to ask you some questions about your experiences with the Center program. (You may recall being asked to agree to this interview by signing our consent form when you registered at the clinic.)	

32

in mind that it is preferred that he not be informed of the patie..'s therapist or therapy, and (if it seems appropriate) he might ask the patient not to divulge this information.		
PART I: Consumer satisfaction with services.		
1. Same as Form B.	1. Same as Form B.	1. Same as Form B.
2. Same as Form B.	2. Same as Form B.	2. Same as Form B.
	2a. Same as Form B.	2a. Same as Form B.
3. If patient has had previous contact with the Center, remind him that we are only interested in his reaction to his experience with the Center after the intake date specified on the schedule. (Please note that we consider A-3, General's inpatien unit, to be an agenc separate from th Mental Health enter.)	3. Did you have any contact with the Mental Health Center previous to _____? (date of intake)	3. Yes ____ If "yes", When? _____ No ____
4. Same as Form B.	4. Same as form B.	4. Same as Form B.
5. If answer to this question is "yes", interviewer may wish to include additional comment in space beneath question #5. Again note that A-3 is defined as a separate agency (see #3).	5. Have you been seen by any other agency since _____? (date of intake)	5. Yes ____ If "yes", where? _____ No ____

33

6. If there is a "yes" response to this question, but patient is not able to specify, interviewer may suggest items such as availability of worker, time it took to get an appointment, physical surroundings of waiting area, etc.	6. Did you have any problems getting service at the Hennepin County Mental Health Center?	6. Yes ____ If "yes", list: No ____
7. Same as Form B.	7. Same as Form B.	7. Same as Form B.
8. As in question 4, interviewer should attempt to summarize patient response to this question and arrive at an agreed upon degree of satisfaction which can be scaled.	8. How satisfied were you with the services you received?	8. Very dissatisfied ____ Dissatisfied ____ Indifferent ____ Satisfied ____ Very Satisfied ____
8a. Use space for indicating specific items with which the patient was dissatisfied or satisfied.	8a. What were your reasons for being dissatisfied: satisfied:	
	9. Are you still receiving treatment at the Center?	9. Yes ____ No ____
9a. If not clearly a "yes" or "no" response, record any statements or qualifying remarks the patient might provide.	9a. If no, would you return to the Mental Health Center if you felt a need for further service?	9a. Yes ____ No ____

34

PART II: Discussion of the problems the patient feels precipitated his going to the Mental Health Center. This discussion should lead to the determination of a score (-2, -1, 0, +1, +2) for each of the scales indicated on the follow-up guide filled out for the patient at intake. These scores should be indicated on the Guide by a check or asterisk. The interviewer should use this portion of the interview to draw the patient out in discussing problems, rather than approaching the problem directly. It is possible that the intake worker defined problem areas and goals which the patient would have defined differently. Refrain from divulging the material on the Guide to the patient except in a very general sense if this seems necessary. In the space to the right, specify those problem areas the patient indicated as being problematic and bringing him to the Center for treatment. Keeping a list of problems mentioned by the patient will enable the follow-up interviewer to go back and discuss whether the patient feels differently about each problem now.	10. What were the problems which led you to seek services at the Hennepin County Mental Health Center? (SCALE HEADINGS for this patient are:) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
	11. Do you feel differently about your problems now?	11. Much better ____ Better ____ Same ____ Worse ____ Much worse ____

35

11a. Interviewer should attempt to summarize the patient's response to this question.	11a. Do you attribute this change or lack of change in feeling to the treatment you received at the Center?	11a. Yes, mostly ___ Yes, partly ___ Not for the most part ___ Not at all ___
	11b. If not mostly, to what (or what else) do you attribute it?	

PART III. SUMMARY OF INTERVIEW.

PLEASE NOTE: Summary of Interview questions 1 through 8, are the same as in Form B.

9. In spite of your efforts to remain uninformed of the therapy and therapist(s) involved, did this information become known to you?
Yes ____ No ____
If yes, please specify:

Version D. Follow-up Interview Schedule Utilized by the Program Evaluation Project Staff during August 1971 - January 1973.

DATE OF INTAKE _____

NAME AND NUMBER _____

ADDRESS _____

TELEPHONE _____

AT TIME OF INTAKE:

AGE _____ SEX _____ MARITAL STATUS _____

FOLLOW-UP INTERVIEWER _____

APPOINTMENT TIME _____

PLACE OF INTERVIEW _____

HENNEPIN COUNTY MENTAL HEALTH CENTER FOLLOW-UP INTERVIEW SCHEDULE

FOLLOW-UP INTERVIEWER	FOLLOW-UP INTERVIEW SCHEDUL.	PATIENT RESPONSE
Statement of purpose:	I am _____ representing the Hennepin County Mental Health Center at General Hospital. I believe we have an appointment for _____ today. The Mental Health Center is attempting to evaluate the services of its Program. I would like to ask you some questions about your experience with the Center program.	
Optional remark if the patient seems not to understand.	(You may recall being asked to agree to this interview by signing our consent form when you registered at the clinic.)	
Interviewer should state that he is not employed by the Mental Health Center, and has no vested interests in the outcome of the study.		
Interviewer should keep in mind that it is		

preferred that he not be informed of the patient's therapy or therapist, and (if it seems appropriate) he might ask the patient not to divulge this information.		

PART I: Consumer satisfaction with services.

PLEASE NOTE: Questions 1,2,4,and 7 are the same as in Form B. Questions 2a,3,5,6,8,8a,9 are the same as in Form C.

PART II: Discussion of patient problems.

PLEASE NOTE: Questions 10,11,11a, and 11b are the same as in Form C.

	12. Do you have any suggestions for improving the operation of the Hennepin County Mental Health Center, in addition to the comments you have already made?	

PART III. Summary of Interview.

PLEASE NOTE: Summary of interview questions 1 through 9, are the same as in Form C.

Patient Name: _____ Negotiated _____

Follow-up Interviewer: _____ Guide Number _____

	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5
1) Are the scales relevant?	Yes No	Yes No	Yes No	Yes No	Yes No
2) Are the scale levels realistic? (Circle one)	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic	Optimistic Right On Pessimistic

3) Would you have added any scales to this guide? Yes No

4) If you answered "yes" to question 3, please indicate what additional scale headings or content areas of existing scales you would have added.

PLEASE NOTE: At this point in the interview schedule, a blank sheet of paper is included as a summary sheet for additional comments.

PATIENT NAME AND NUMBER _____

THERAPIST(S) INVOLVED IN TREATMENT OF PATIENT (to be filled in by research staff after completion of the follow-up interview) _____

FOLLOW-UP INTERVIEWER _____

TELEPHONE NUMBER WHERE INTERVIEWER CAN BE CONTACTED FOR ADDITIONAL INFORMATION, IF NECESSARY _____.

(NOTE TO THE FOLLOW-UP INTERVIEWER: a copy of this sheet will be forwarded to the patient's therapist if action or intervention by the Mental Health Service is recommended.)

BASED ON YOUR INTERACTION WITH THE PATIENT, DO YOU RECOMMEND ACTION BY THE MENTAL HEALTH SERVICE AT THIS TIME? YES ___ NO ___

PLEASE EXPLAIN FULLY:

WAS THE PATIENT INFORMED THAT YOU WOULD LIKE TO NOTIFY THE MENTAL HEALTH SERVICE OF THE SITUATION DESCRIBED ABOVE, AND THAT A CENTER STAFF MEMBER MIGHT CONTACT HIM?

YES ___ NO ___

IF YES, WHAT WAS THE PATIENT'S RESPONSE?

II. FOLLOW-UP FORMS.

Follow-up Form A. Program Evaluation Project Assignment/Appointment Worksheet.

ADDRESS: _____

_____

TELEPHONE NUMBER _____

ADDITIONAL CONTACT INFORMATION: (e.g. referral source, other agency involvement)

_____

_____

_____

_____

NAME: _____

NUMBER _____

FIRST INTAKE INTERVIEW ON: / /

NO. OF YELLOW SLIPS: _____

PATIENT ASSIGNED: ___ Randomly ___ Non-randomly

TO: _____ / _____
Therapy Mode / Therapist, if known

or, CALL _____ TO DETERMINE THERAPIST

IF ASSIGNMENT NON-RANDOM, JUSTIFICATION:

_____

_____

___ Consent Form Not Signed

___ To A-3 After 1 Interview; After 2 + Grid

___ T-90 To Other Agency: _____

___ Patient to A-3

REMARKS: (including any dispute, special discussion, circumstances re: patient's assignment)

PATIENT'S AGE: _____ SEX: _____

INTAKE WORKER: _____

INTAKE WORKER'S RECOMMENDATION:

_____

_____

___A.I. TO MAKE CONTACT

___A.I. TO CHECK WITH _____ TO DETERMINE IF CONTACT MADE

CONTACT COMPLETED BY:

_____ ON / /
Date

THERAPIST: _____ DATE THERAPIST CONTACTED / /

THERAPIST AVAILABLE: _____ OR _____ OR _____
DAY/DATE/TIME DAY/DATE/TIME DAY/DATE/TIME

HOW WAS THE PATIENT REACHED?
(e.g. via the telephone number given? the address? Please keep a continuing record.)

_____

_____

_____

_____

PLEASE SUMMARIZE YOUR INTERACTION WITH THE PATIENT.
(e.g. patient seemed eager to return to clinic for therapy assigned, patient resists involvement in the therapy assigned and some discussion ensued, estimate whether or not the patient will follow through on assignment, any special problems the patient mentioned)

_____

_____

_____

PATIENT ACCEPTED APPOINTMENT ON: _____ THERAPIST NOTIFIED _____
Day/Date/Time Date

40

Follow-up Form B. Program Evaluation Project Patient Consent Form

HENNEPIN COUNTY GENERAL HOSPITAL

PROGRAM EVALUATION PROJECT

PATIENT CONSENT

Date _____

I agree to participate in the Program Evaluation Research Project which is now in progress at Hennepin County Mental Health Center. I understand that this is a scientifically structured study undertaken to determine the effectiveness of the Mental Health Center program. Because of this, I agree to permit the Mental Health Center to share relevant records with the Program Evaluation Project Staff and to let a social worker contact me later on to find out if I have benefited from my therapy.

_____
Signed

_____
Address

41

Follow-up Form C. Follow-up Appointment Worksheet.

INTAKE WORKER:

DATE OF INTAKE: NO. OF ACCEPT.:
# of INTAKE:
NAME:
PARENTS OR
HUSBAND'S NAME:

ADDRESS:

TELEPHONE:

DATE OF INTERVIEW:

PLACE OF INTERVIEW:

INTERVIEWER:

PATTERN
ASSIGNMENT: R - NR RELIABILITY STUDY:___
ASSIGNMENT DATE: _____
CONSENT SIGNED: ___

CURRENTLY IN THERAPY: ___

NUMBER OF VISITS: ___

THERAPIST: _____ TREATMENT:_____

FOLLOW-UP DATE:

APPOINTMENT CONFIRMED:
WITH PATIENT ___ INTERVIEWER ___

___ SEND REMINDER ___

MATERIALS SENT TO INTERVIEWER ___

INTERVIEW COMPLETED: ___

MATERIALS RETURNED: ___

MATERIALS COMPLETE: ___

SCHEDULING NOTES

DATE OF BIRTH _____ MAR. STATUS: ___

SOC. SEC. NO. _____ SEX _____

INTAKE MMPI _____

SUMMARIZE PATIENT CONTACT:
(include when, where, and patient's response)

INTERVIEW NOT COMPLETED. REASON:

42

Follow-up Form D. Program Evaluation Project Collateral Consent Form

HENNEPIN COUNTY GENERAL HOSPITAL
PROGRAM EVALUATION PROJECT
CONSENT FORM

I give my permission to the Program Evaluation Research Project to contact the individuals and/or organizations I have indicated below. I understand that the Project will be doing this for the purpose of assessing the effectiveness of the treatment I received at the Mental Health Center.

_____
DATE

_____
SIGNED

Persons or organizations that can be contacted:

1. _____
2. _____
3. _____
4. _____
5. _____

43

Follow-up Form E. Documentation of Elimination from Program Evaluation Project Follow-up.

(Patient name) _____ (mo. of accept.) _____ (mode) _____

(hospital no.) _____ (cfc pilot study no.) _____ (therapist) _____

(mo. eligible for follow-up) _____ (elimination code) _____ (pattern) _____

Circle the code number of the appropriate reason for follow-up elimination:

GOAL ATTAINMENT FOLLOW-UP GUIDE

100--No G.A.F.G. completed

101--G.A.F.G. completed after three intakes

102--G.A.F.G. completed after patient entered treatment

103--Prestudy patient

104--Patient previously included in PEP study and followed-up

105--Invalid follow-up guide

COURSE OF THERAPY

200--Zero therapy sessions completed in the assigned mode

201--One therapy session completed and patient terminated from treatment

202--One therapy session completed and patient transferred to another mode

203--One therapy session completed and therapist does not anticipate another session

204--Other

PATIENT CONSENT

300--Patient refuses to sign PEP consent

301--Patient has signed consent, but refuses interview at time of follow-up

302--Other

PATIENT CANNOT BE CONTACTED

400--Patient deceased at time of follow-up

401--Patient has moved out of state

402--Patient has moved out of Metro area and is not reachable

403--PEP is unable to locate patient

LOW PRIORITY FOR FOLLOW-UP

500--Random assignment to Individual
501--Random assignment to Group
502--Random assignment to Day Center
503--Random assignment to Drug Clinic
504--Random assignment to Drug Therapy
505--Nonrandom assignment to Individual
506--Nonrandom assignment to Group
507--Nonrandom assignment to Day Center
508--Nonrandom assignment to Drug Clinic
509--Nonrandom assignment to Drug Therapy
510--Nonrandom assignment to Marriage Counsel.
511--Nonrandom assignment to PRN
512--Nonrandom assignment to MPC/APC
513--Nonrandom assignment to Child Unit.
514--T-90 to Annex 3 (In-patient Service)
515--T-90, 1 interview to another agency
516--T-90, 2 interviews to another agency
517--T-90, 1 interview, (no reference)
518--T-90, 2 interviews, (no reference)
519--T-90, 1 interview, evaluation only
520--T-90, 2 interviews, evaluation only

OTHER

600--Random patient eligible for follow-up, but eliminated on the basis of cost
700--Other

CRISIS INTERVENTION CENTER

800--Unable to locate patient
801--Patient refuses follow-up
802--CIC stipulates no follow-up required
803--No G.A.F.G. completed
804--Post CIC treatment at another agency makes follow-up unfeasible

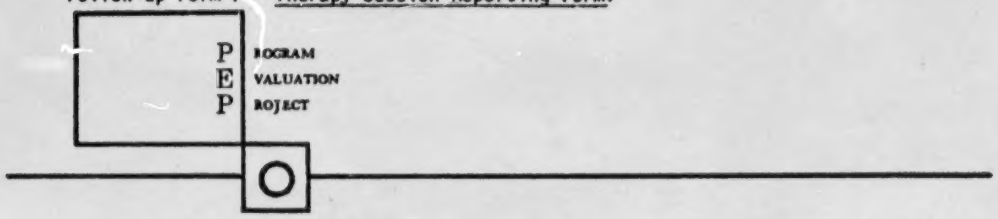
DRUG STUDY

900--Zero therapy sessions completed
901--On therapy session completed and patient dropped out.
902--Two therapy sessions completed and patient dropped out.
903--Three therapy sessions completed and patient dropped out
904--Patient transferred to another therapy mode after one or more therapy sessions
905--Patient has signed consent form, but reconsiders and refuses follow-up
906--Patient is deceased at time of follow-up
907--Patient has moved out of state
908--PEP is unable to locate patient
909--Deteriorization
910--Toxicity

Patient eliminated from follow-up on _____ (date)

Patient eliminated from follow-up by _____ (name)

Follow-up Form 7. Therapy Session Reporting Form.



MEMO TO: _____

FROM: Donna Audette, P.E.P.

DATE: _____

Our records show that the following patient:

_____ _____
(Patient Name) (HCGH No.)

has been assigned to you for therapy. We have been unable to locate this patient's Mental Health Center chart; or, have not been able to determine from the available chart the number of therapy sessions completed. We would very much appreciate your completing the following for us.

Our records show the patient's Assigned Therapy Mode to be _____. Is this correct? Yes ____ No ____

Is the patient still in therapy? Yes ____ No ____

How many therapy sessions has the patient completed to date? _____

How many additional sessions do you anticipate? _____

Additional Comments: _____

_____

_____

Thank you.

the mcgill building — fifth floor — 501 park avenue s. — minneapolis — minnesota — 55415 — (612) 348-8209

PROGRAM EVALUATION PROJECT STAFF LISTING

CURRENT STAFF MEMBERS

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Principal Investigator 1969-1974

James Baxter
Research Assistant 1970
Operations Manager 1971
Assistant Coordinator 1972-1973
Re-design Coordinator 1974

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Secretary-Receptionist 1972
Administrative Assistant 1973
Dissemination, Consultation,
and Utilization Supervisor 1974

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Research Assistant 1973
Research/Administrative Clerk 1974

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Program Evaluation Coordinator 1971
Deputy Assistant Director 1972
Assistant Director 1973
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Administrative Assistant 1974

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Assistant Coordinator 1971-1972
Coordinator for Administration 1973
Assistant Director 1974

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Follow-up Assistant 1971
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Utilization Consultant 1974

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Carol Dethmers, B.A.

Marcia Frankenberg, B.A.

George Meirick, M.S.W.

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Roanne Borkon, R.N.

Larry Bultena, M.S.W.

Scott Craven

Jeanine Emmons, R.N.

Barbara Gusek, R.N.

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